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# ***JPRS Report***

## **Epidemiology**

***AIDS***

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# Epidemiology AIDS

JPRS-TEP-92-015

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## BOTSWANA

### Over 800 May Die From AIDS This Year

92WE0614A Gaborone BOTSWANA DAILY NEWS  
in English 4 Jun 92 p 1

[Article by Desmond Montshiwa]

[Excerpt] Between 800 and 900 people may perish from the deadly Acquired Immune Deficiency Syndrome (AIDS) in Botswana this year, Senior Kweneng District Medical Officer, Dr. Tore Steen has predicted.

Dr. Steen painted this grim picture on Tuesday at a three-day AIDS awareness seminar attended by thirty traditional doctors and faith healers from the Kweneng District.

About 100 of the estimated 4,000 HIV carriers in Kweneng will succumb to the killer disease by the close of 1992. He said so far at least nine people died from the disease last year in that district.

Dr. Steen based these projections on statistics from blood tests conducted on pregnant women and blood donors in Kweneng last year. He said 36 of the tested 700 clients were found HIV positive. [passage omitted]

## SOUTH AFRICA

### AIDS Vaccine Trials May Be Set Up

92WE0597A Johannesburg SUNDAY TIMES  
in English 12 Jul 92 p 4

[Article by Cas St. Leger: "Frenchman Who Discovered Virus Visits Africa To Collect Specimens; S.A Could Test AIDS Vaccine"; quotation marks as published]

[Excerpts] The co-discoverer of the AIDS virus, Professor Jean-Claude Chermann, is investigating setting up vaccine trials in South Africa.

Professor Chermann, 53, of the Pasteur Institute, was in Johannesburg last week to establish whether it would be suitable for tests aimed at finding a cure for the deadly disease.

And the renowned scientist is confident that science will provide a cure: "If we can have five years to break the epidemic, we will win." [Passage omitted]

Professor Chermann is gathering AIDS virus specimens to test whether the South African strains are included in the global vaccine on which he is working.

He will make no snap judgements on AIDS in South Africa, but says he will return next December with some firm answers.

All the basic work towards the production of an AIDS vaccine is complete. A complete global vaccine will be necessary to contain the geographic spread of AIDS. Development of the vaccine will take R6-million, a team of 200 and two years.

Evaluation of the vaccine will take longer.

"We have no right to say to people: 'Now you are vaccinated, don't use a condom,'" said Professor Chermann, who has agreed with the World Health Organisation to start vaccinating in two parts of the world—Thailand, India or South Africa—where the effects can be seen quickly.

### Medical Research Council To Launch AIDS Newsletter

MB1008140292 Johannesburg SAPA in English  
1225 GMT 10 Aug 92

[Text] Cape Town Aug 10 SAPA—Proposed rights for AIDS-sufferers and people with the HIV infection will be listed in the first edition of a regular newsletter on AIDS to be launched by the Medical Research Council [MRC] later in August.

The quarterly "AIDS BULLETIN" was prompted by the dearth of accurate, user-friendly information covering a wide spectrum of AIDS issues, Chief Editor Dr. Malcolm Steinberg said in a statement on Monday.

"By providing information on AIDS education, prevention, care and research, we hope to raise the awareness of all interested individuals about the disease," said Dr. Steinberg, who heads the MRC National AIDS Research Programme.

The first edition would include an interview with African National Congress Health Representative Cheryl Carolus on the movement's AIDS policy, the draft of South Africa's AIDS charter on the rights of AIDS and HIV-sufferers, and an article on the problems of identifying AIDS cases.

The "AIDS BULLETIN" is available on request from Michelle Galloway at the MRC, P.O. Box 19070, Tygerberg, 7505.

## TANZANIA

### AIDS Scare Causes Hospital Blood Bank Shortage

AB2807210092 Paris AFP in English 1657 GMT  
27 Jul 92

[Text] Dar es Salaam, 27 Jul (AFP) - A blood bank in Tanzanian's Muhimbili medical centre here is facing acute shortage of blood because prospective donors fear testing positive for the HIV virus that can result in AIDS.

The Uhuru newspaper Monday [27 July] quoted the head of the hospital's blood bank, Pius Magesa, as saying that the hospital needs a minimum of 50 litres of blood daily but was now receiving 10 litres.

Since the discovery of AIDS, which has no known cure or vaccine, it has become compulsory that all donated blood be screened for the HIV virus.

An estimated 500,000 Tanzanians have been infected with the virus.

**Anti-AIDS Plan Implemented**

*EA0508182792 Dar es Salaam Radio Tanzania  
External Service in English 0400 GMT 5 Aug 92*

[Text] Dar es Salaam—The Ministry of Labor and Youth Development says it has put into action [a] plan that could prevent HIV transmission among the youths. Among other things, the plan involves developing educational materials on AIDS and family life education and organizing seminars on AIDS and family life education for youths. This was revealed yesterday by the youth development officer in the Ministry of Labor and Youth Development, ndugu [brother] (Sther Makalasi), when presenting a paper to an international conference of health information to youths with special reference to AIDS and drug abuse which is ending today in Dar es Salaam. Ndugu (Makalasi) said the Labor and Youth Ministry has organized youths at village level to implement the plan.

**ZIMBABWE****Bulawayo Hit By AIDS-Related TB Epidemic**

*92WE0484A Harare THE HERALD in English  
14 Apr 92 p 5*

[Article: "AIDS-Related TB Hits Bulawayo"]

[Text] Bulawayo. The director of Bulawayo's Health Services, Dr. Barnett Nyathi, said the city is experiencing an epidemic of tuberculosis associated with AIDS.

In a report to the health, housing, amenities and liquor committee, Dr. Nyathi said Bulawayo recorded 165 deaths from tuberculosis and there were 1,155 new cases of the disease.

Some 26 deaths were recorded in children under the age of 15 and 139 adults who died from the disease.

In 1990, tuberculosis killed 87 people, of whom 70 were adults and the remainder children under 15 years, Dr. Nyathi said in his report contained in the latest council minutes.

There were 530 AIDS-related deaths in 1991 compared to 292 deaths the previous year. The AIDS-related deaths last year were 11.7 percent of the total deaths recorded in Bulawayo.

The council clinics recorded 117,264 cases of sexually transmitted diseases [STD] compared to 110,020 cases in 1990.

A total of 64,051 STD cases recorded last year were in men and 25,868 women were treated for various STDs.

The clinics attended to 27,345 cases of pelvic inflammatory diseases in women.

STD remained a major health concern in Bulawayo and continued to consume a substantial proportion of the Health Department's resources, he said.

This was disturbing in view of the fact that STD was related to HIV. STDs were preventable, Dr. Nyathi said, adding controlling STD would help prevent the spread of HIV infection.

**Masvingo AIDS Figures Under-Report Incidence**

*92WE0618A Harare THE HERALD in English  
3 Jul 92 p 3*

[Text] Masvingo Province has recorded more than 1,300 cases of Acquired Immune Deficiency Syndrome since 1987, the provincial medical director, Dr. Peter Nhindiri, said in an interview yesterday.

The province has one of the highest AIDS figures in the country.

He said, however, the AIDS figures in Masvingo were just a "tip of the iceberg" as many cases went unrecorded. He could not give figures of AIDS-related deaths.

Dr. Nhindiri said in a recent HIV test on 200 pregnant women, 30 percent of them were found to have the virus that causes AIDS.

Tests were also carried out on 200 with sexually transmitted diseases and 59 percent of them tested HIV positive, said Dr. Nhindiri.

No tests were carried out at growth points, believed to have some of the highest HIV cases.

Gutu district, which has one of the highest incidences of AIDS, in 1989 recorded 74 people with full-blown AIDS. Thirty-four of them were women while 40 were men.

Of the 55 reported cases of full-blown AIDS in 1990, 24 were female and 31 were male.

Last year 47 cases of full-blown AIDS were recorded in Gutu, 27 of whom were men and 20 women.

Dr. Nhindiri said the figures were far from painting the true picture. He said it was not possible that AIDS cases could be on the decline in Gutu.

"The figures are not a true reflection of the real situation. There is a lot of under-reporting. Most of the cases go unreported," he said.

Meanwhile, a medical officer at Gutu Mission Hospital, Dr. Walter Oosterhuis, told Journalists that of the 356 people who died at the hospital last year, 238 of them were HIV positive.

Dr. Oosterhuis said AIDS was the biggest problem the hospital was facing.

He also said the figures did not represent the true picture of the AIDS situation in the district.

AIDS, which has no cure yet, strips the body of its defence mechanism, exposing it to disease attacks.

## **AIDS Prevention, Cure**

HK0406104892 Beijing GUANGMING RIBAO  
in Chinese 9 May 92

[Excerpt] [Passage omitted]

### **First Priority Is To Strengthen Surveillance**

In order to prevent AIDS from spreading, the Chinese Government has listed AIDS among other major infectious diseases to be placed under the state's intensive surveillance, a national committee of experts on AIDS prevention and control has been set up, and "Measures for AIDS Surveillance and Control" have been promulgated. The Chinese Government, in cooperation with the Global AIDS Prevention Planning Department of the World Health Organization, drew up a 1990-1992 three-year medium-term AIDS prevention and control plan for China, and received various kinds of technical aid and nearly \$1 million in funds.

The first priority, as suggested by experts, is to strengthen surveillance. The general strategy of surveillance is as follows:

Twelve kinds of people are to be put on the surveillance list as having a high risk of being AIDS carriers, namely, venereal disease patients; prostitutes; drug addicts (particularly those who take drugs by intravenous injection); homosexuals; consumers of imported blood products; returned seamen, laborers and other personnel working abroad; staff of hotels entertaining foreigners and tour guides working with International Travel Service; residents of border areas and home towns of Overseas Chinese; those maintaining close contact with AIDS patients or people infected with the AIDS virus; medical personnel rendering out-patient service specializing in AIDS and staff of AIDS laboratories; and foreign students in China and other foreigners who stay in China for a long time; and blood, tissue, and organ donors. The surveillance will be conducted in two forms, either based on reports by those being monitored on their own initiative or by spot checks on a voluntary and confidential basis. In accordance with the "PRC Law on Prevention of Diseases" and the "Measures for AIDS Surveillance and Control," public health and epidemic departments and medical and health care organizations in different localities are responsible for promptly reporting any discovered cases of AIDS patients or AIDS infection to local public health authorities, so that the latter can report in their turn to the AIDS Surveillance Center of the China Academy of Preventive Medicine.

The criteria for AIDS case reporting set by China's Ministry of Public Health are as follows: 1) Those testing positive for the AIDS antibody; 2) those testing positive for the AIDS antibody who are suffering from high fever, are losing weight, have diarrhea, have contracted pneumocystis carinii pneumonia, or have any of the following symptoms: Kaposi's sarcoma, mycotic infection, T3/T8 lymphopenia, general lymphadenectasis, space-occupying lesion of the central nervous system, loss of discriminative ability, kinesioneurosis, and so on; and

those whose cases meet the diagnostic criteria set by the World Health Organization and the U.S. Disease Control Center.

Since 1985, AIDS surveillance networks across the China mainland have conducted blood serum monitoring on 480,000 people in accordance with the above principles. Only 705 people were finally confirmed as being infected with the AIDS virus. But Director Dai of the Epidemic Prevention Section is not satisfied with this result. He said: Up to the present we are not quite clear about the AIDS epidemic situation in this country. In Yunnan, for instance, because of limited funds and manpower, we cannot carry out a massive inspection, so only several tens of thousands of people at high risk of AIDS infection have undergone medical tests in the past few years. This figure is far below the criterion, therefore it is very likely that some virus carriers have not been detected. From 1990 to the end of this year, Yunnan Province plans to complete an inspection operation covering 100,000 people, which means a workload several dozen times that accomplished over the past few years, and the expense will be as high as 27 million yuan.

### **Strengthening Control of the Spread of AIDS From Abroad**

While conducting surveillance, the China mainland has strengthened control of the spread of AIDS from abroad. Professor Chen Chunming, president of the China Academy of Preventive Medicine, suggested that precautionary measures be taken to prevent the spread of AIDS from neighboring countries where AIDS is spreading, and carrying out education in health care among those who are sent to work in some foreign countries where AIDS is running rampant. In order to prevent the accelerated spread of AIDS by visitors crossing the border, in December 1986 China promulgated the regulations banning the entry of any foreigners who are proved to have contracted AIDS and some other infectious diseases as well as the import of human blood, blood products, and bacteria and viruses that may spread. In 1989, the Ministry of Public Health and the Ministry of Public Security issued the "Circular on Submission of Health Certificates by Chinese Citizens Leaving or Entering the Country," which provides that Chinese citizens who return to China after staying abroad for more than three months, Overseas Chinese, and Hong Kong, Macao, and Taiwan compatriots who return to China to live or work with entry permits shall produce upon entry health certificates regarding AIDS and venereal and other diseases issued by quarantine organizations or public hospitals in their places of origin. Of the 15 cases of AIDS infection discovered in Beijing in 1989, 12 were detected by the Beijing customs quarantine office in accordance with the above regulations.

The "Measures for AIDS Surveillance and Control" enacted on 14 January 1988 also clearly provide that AIDS (virus specimens) [du zhu 3021 2701] shall only be kept and used by units designated by the Ministry of Public Health, and that they shall not be exchanged between, passed on to, or used by any other units or



individuals; that blood and blood products are subject to AIDS virus antibody tests; that those who have been infected with the AIDS virus shall not be allowed to donate human body tissue, organs, blood, or semen; and that staff members of civil administration, public security, judiciary, and executive departments who, when performing public duties, discover anyone who may be a source of the AIDS virus shall immediately send them to a public health unit for examination. Medical and health care organizations, upon discovering AIDS patients, shall take immediate action to isolate them from others and send them to designated medical units for treatment; and if people are found to be infected by the AIDS virus or to have had close ties with AIDS patients, the departments concerned shall detain them for examination and restrict their activities, so as to carry out medical observation, call on them regularly or irregularly, and take any other necessary measures.

Medical experts suggest that the government take strong action against such law-breaking activities as drug addiction and prostitution to curb the spread of AIDS through these channels; be more strict with sterilization of medical instruments, and strengthen surveillance of blood supplied by blood donors, so as to stop infection from medical sources; and pay close attention to any indication of maternal-fetal infection, and encourage the use of disposable needles...

#### **It Is Also Necessary To Carry Out Propaganda, and Do a Better Job in Self-Protection**

In the last five years, newspapers, journals, radio and television broadcasts, and other mass media have disseminated a large amount of knowledge about AIDS, and nearly 30 articles and general handbooks on AIDS have been published. Exhibitions of general knowledge about AIDS held in Beijing, Tianjin, and Shanghai received nearly 10 million visitors. And World AIDS Day, which falls on 1 December every year, marks the highlight of anti-AIDS propaganda.

However, the results of these propaganda efforts are not satisfactory. Even population groups with higher education standards have limited knowledge about AIDS. In late 1989, the China AIDS Surveillance Center conducted a survey among 224 college students, teachers, and staff of five institutes of higher learning in Beijing. The findings of the survey showed that many of the interviewees did not know that use of a syringe needle by several people can be a channel for the spread of AIDS, 10 percent of the interviewees did not believe or did not even know that blood is a major means of AIDS infection, 4 percent of the interviewees did not know that a pregnant woman who is an AIDS carrier may pass the AIDS virus on to the fetus, and 6 percent of the interviewees did not know that AIDS is caused by a virus infection.

Given the situation among well-educated population groups in urban areas, one can guess what a limited knowledge the relatively poorly educated rural population may have about AIDS. In March 1990, the China

AIDS Surveillance Center and the Yunnan provincial public health and epidemic prevention center conducted a survey among 225 drug addicts in a certain township of Ruili County in the province to find out how much they knew about eight aspects of AIDS. The findings showed that the general rate of ignorance on AIDS was about 80 percent. Only 76 said they had heard the term "AIDS" before. After having learned about AIDS, they apparently changed their minds, 156 pledging to quit drugs and 152 saying they were willing to undergo an AIDS infection test.

Experts concerned have analyzed the China mainland's advantages and disadvantages with regard to AIDS prevention and control efforts. The following points are regarded as advantages: China has a higher degree of social integration, and propaganda and education organizations and social work organizations at the upper and lower levels are well coordinated, which makes it easier to mobilize all the people to plunge into an operation; the spread of AIDS is at its initial stage in China, so the anti-AIDS operation can be carried out more efficiently if prompt prevention and control measures are taken; the Chinese people maintain a fine tradition regarding marriage and family life and are well-guided with sound sexual morality, which can help curb people's irregular behavior; and as the family planning program has been implemented in China for more than 10 years, the use of condoms can play a part in prevention of AIDS, and the relatively sound medical service system and free health care service for workers and staff in urban areas are also conducive to the detection, tracing, and control of the disease.

Disadvantages must not be overlooked either. As China has a large population, the number of patients may be enormous once AIDS spreads around across the country. On the other hand, the funds for AIDS prevention, control, and research at China's disposal are not to be compared with those at the disposal of developed Western countries. The capacity of China's present medical service system cannot afford a heavy quarantine workload. As the Chinese population has a high proportion of illiterates and is composed of people of many nationalities speaking different languages, this may hinder education in and publicizing of medical knowledge. In addition, mysticism about sex, sexual taboos, sexual repression, and other concepts have, to a certain degree, served as obstacles to publicizing knowledge about sex and AIDS. Furthermore, the number of theoreticians, educators, and well-trained medical workers we have lags far behind the actual needs of prevention and control of venereal diseases and AIDS, which is another major difficulty.

#### **Experts Propose Taking Up Six Tasks Immediately**

1. It is necessary to make full use of mass media and social organization networks to launch a massive AIDS prevention and control propaganda and education drive.
2. It is necessary to train a batch of social workers and consultants, to consolidate the monogamous family

structure by providing legal and moral consultation and aid regarding marriage and family life, and thus enhance marital ethics and minimize premarital and extramarital sex.

3. It is necessary to offer sex education courses to post-junior- secondary classes and add knowledge about sex hygiene and venereal diseases as a part of the courses; and to provide supplementary sex education courses for adults, and thus urge them to heighten vigilance against venereal diseases and AIDS.

4. It is necessary to popularize the use of condoms while promoting family planning, spread knowledge about prevention of venereal diseases and AIDS, strengthen health tests for newlyweds and pregnant women, make efforts to discover people infected with venereal diseases and AIDS, and prevent maternal-fetal infection. 5. It is necessary to make surveys and studies of prostitution in open coastal cities and other large cities, formulate laws and regulations that suit the needs of different areas, exercise strict control over special service trades and places of public entertainment, and carry out close surveillance and control of the generation and spread of venereal diseases and AIDS.

6. It is necessary to carry out scientific surveys and analysis of population groups who take drugs by intravenous injection, take effective disease-prevention measures, and assign personnel to supervise the implementation of the measures.

#### Exploratory Work by Medical Specialists

While sociologists were formulating policies, medical specialists on the China mainland were doing fruitful exploratory work in virus pathological and clinical study of AIDS, the "super-cancer."

In 1987, Professor Zeng Yi, vice president of the China Academy of Preventive Medicine, headed a research group and, for the first time, succeeded in extracting a specimen of the AIDS virus from a foreign AIDS patient. With this specimen as the antigen, the research group conducted AIDS etiological and molecular biological studies. By the end of last year, the research group had developed a series of diagnostic reagents, including immunofluorescence reagent, (albumen imprint) [dan bai yin ji 5751 4101 0603 6619] reagent, and immunoenzyme reagent. Of these reagents, the immunoenzyme reagent was developed for the first time in the world. This domestically made reagent has good special features and high sensitivity, is easy to use, and is inexpensive. With this reagent, a diagnostic result can be obtained within 30 minutes without any special instruments. Now 300,000 doses of the reagent have been produced to supply the market across the country. Tests in some African countries have proved this product quite useful, and now it is about to be marketed in the United States.

As so far no powerful medicines against AIDS have been developed, Beijing's Concord Medical University, in cooperation with Zhou Lin, a physicist now studying in the United States, has done research in the application of

"biological frequency spectrum" technology to the treatment of AIDS. Their work has now scored initial results. The aim of so-called "biological frequency spectrum" technology is to regulate the energy of cells in the human body by the physic bionic method according to the condition of biochemical reaction within the organism and change the human body's physiological functioning, thus achieving the purpose of curing the disease. Since 1990, Zhou Lin has treated 10 AIDS patients in a laboratory in the United States. As a result of the treatment, the patients' symptoms have been markedly alleviated. Experts concerned hold that the biological frequency spectrum treatment, which is painless and without side effects, is an experimental breakthrough in the struggle against AIDS.

The research into treatment of AIDS with Chinese medicines conducted by the Chinese Medicine Research Institute of China and the National Chinese Medicine Administration seems to give AIDS patients a gleam of hope. Professor Chen Keji of Xiyuan Hospital under the Chinese Medicine Research Institute of China is the first to use Chinese medicine for the clinical treatment of AIDS. Applying the traditional Chinese diagnostic theory on hot and poisonous syndromes, he made up a prescription containing antipyretics for the treatment of fever, carbuncles, and inflammation, ingredients that help remove pathogenic heat from the blood, tonics that reinforce the kidneys and invigorate the spleen, and medicines that nourish the heart and improve the human body's physical condition. He used this prescription to treat an American patient in three stages and managed to alleviate the patient's symptoms.

The China-Tanzania AIDS Treatment Cooperation Group has also made progress in applying Chinese medicine to the clinical treatment of AIDS. From 1987 onward, this cooperation group, jointly set up by the Chinese and Tanzanian ministries of public health, has treated 158 patients in (Lida) [li da 0173 6671] City, Tanzania. After courses of treatment lasting for three to 15 months, the treatment was found very effective in three cases, effective in 36 cases, and partly effective in 24 cases, giving a general effectiveness rate of 39.89 percent. Both the Chinese and Tanzanian ministries of public health are satisfied with the results of the cooperation project, and have signed a new cooperation agreement to extend the treatment cooperation operation until 1994.

Professor Wu Boping, a specialist on the Chinese team of the China-Tanzania AIDS Treatment Cooperation Group and a member of the Chinese AIDS specialists committee, has a sober understanding of the situation. He said: There is still a very long way to go in the attempt to apply Chinese medicine to the postponement of death due to AIDS infection. Like their Japanese counterparts, who have used minor decoction of bupleurum, Ginseng decoction, and the sweet ingredient of radix glycyrrhizae to treat AIDS patients, Chinese doctors' achievements can at most be regarded as a good beginning in the attempt to treat AIDS with Chinese medicine. Success in

some individual cases is still a long way from the complete conquest of AIDS, which has yet to be accomplished through the concerted efforts of all the medical workers of the world.

#### **HIV Carriers Increasing**

*OW0707085392B Beijing XINHUA in English  
0749 GMT 7 Jul 92*

[Excerpts] Beijing, July 7 (XINHUA)—[Passage omitted] Meanwhile, the National Strategy for Venereal Diseases and AIDS Control must not be neglected, said Dai Zhicheng, director of epidemic control with the Ministry of Public Health. [Passage omitted]

This year the country has also seen increasing numbers of people with HIV, which leads to the killer disease, AIDS.

The cases are most concentrated in border and coastal areas, including Yunnan, Guangdong and Fujian. Many cases involve Chinese who have returned from foreign countries.

In Yunnan, intravenous injection remains the major cause of HIV infection, but in other places most are caused by hetero-sexual contact.

A recent report from the GUANGZHOU EVENING NEWS disclosed that more HIV carriers were found in Guangdong during the first five months of this year, bringing to 33 the total detected number of cases in the province. The majority of the carriers became infected through sexual contact.

#### **Official Addresses Amsterdam Conference on AIDS**

*OW2807151092 Beijing XINHUA Domestic Service  
in Chinese 0435 GMT 24 Jul 92*

[Article by reporter Yang Yuanhua (2799 0337 5478)]

[Text] Amsterdam (the Netherlands), 23 Jul (XINHUA)—Speaking here on 23 July, Dai Zhicheng, head of the Chinese delegation to the Eighth International Conference on AIDS, signaled China's determination to continue to work for the prevention and treatment of AIDS.

Dai Zhicheng briefed the conference on China's efforts in formulating and implementing medium-range plans on preventing and controlling AIDS. His briefing drew warm acclaim from the conferees.

In his briefing, Dai Zhicheng said: In dealing with AIDS, China has adopted the strategy of "giving priority to prevention," focusing on conducting health education and monitoring epidemic diseases.

Statistics provided by the World Health Organization show that there are now 2 million AIDS patients in the world. China is a country with a low incidence of AIDS. Dai Zhicheng said: The first AIDS case on the Chinese mainland was reported in 1985. By the end of last month, the total number of AIDS patients in China had come to 11.

It was the first time that China's Ministry of Public Health sent a delegation to the International Conference on AIDS. Fourteen Chinese specialists delivered monographic, academic reports on the use of traditional Chinese medicine to treat people infected with the AIDS virus. The reports attracted the attention of specialists from other countries. Young scientist Zhou Lin showcased his invention—a biological frequency spectral AIDS treatment device—at the conference's exhibition hall. This nonpharmaceutical therapeutic device aroused the interest of the conferees.

The conference will close on the 24th. The conferees decided to hold the Ninth International Conference on AIDS in Berlin next year.

## CAMBODIA

### AFP Cites Public Health Ministry on AIDS Statistics

BK1108142292 Hong Kong AFP in English 0916 GMT  
11 Aug 92

[Text] Phnom Penh, Aug 11 (AFP)—Nearly 80 percent of Cambodians do not know what a condom is, according to a Phnom Penh government study released Tuesday which found that the virus which causes AIDS was spreading rapidly though the country. The Ministry of Public Health study found 45 cases of HIV-positive people in the country, up from just two cases reported last November.

It said the influx of foreigners and overseas Cambodians, along with prostitutes from Vietnam who service them—coupled with ignorance about protection—were to blame for the increase. Blood transfusions, lack of facilities for testing blood donations and dirty needles also account for the increase, it said.

"People are undereducated and do not know how to protect themselves against the AIDS disease," said the ministry study, which was presented during an annual session of the National Assembly, which closed Tuesday.

"Seventy-seven percent of the total population said they don't know what a condom is and also they don't know about its usefulness in protection against AIDS," it said. It did not say how many people were surveyed or when.

More than 15,000 soldiers are serving in the U.N. peacekeeping operation here, and Phnom Penh's prostitution districts have burgeoned to meet demand.

## INDONESIA

### Government Confirms Existence of 63 HIV, 24 AIDS Cases

BK1308103092 Jakarta SUARA PEMBARUAN  
in Indonesian 5 Aug 92 pp 1, 7

[Excerpts] Jakarta, 5 August—It is feared that there will be an explosion in the number of AIDS and HIV cases in Indonesia in the next five years. The prediction is based on the assumption that HIV carriers (including the unknown ones) will have passed the incubation phase and AIDS will have shown clinical symptoms by that time. [passage omitted]

Meanwhile, the latest data recorded by the Directorate General of the Eradication of Communicable Diseases and the Enhancement of the Healthy Life show that the number of AIDS and HIV cases in Indonesia is increasing. There have been 87 cases—63 HIV and 24 AIDS cases respectively. Nineteen more infected persons are believed to have died. [passage omitted]

## SOUTH KOREA

### Health Ministry To Conduct AIDS Test on Illegal Aliens

SK0608012092 Seoul THE KOREA HERALD  
in English 6 Aug 92 p 3

[Text] A medical checkup for illegal aliens in Korea will be conducted from Aug 20 through the end of next month to check for AIDS [acquired immunodeficiency syndrome], a Ministry of Health and Social Affairs official said yesterday.

The checkup is not mandatory but those who refuse to undergo the AIDS test may be expelled from the country despite voluntarily reporting to the immigration control office for leniency.

The ministry has asked local businesses employing illegal foreign workers to submit a list of their names and worksites.

Based on the list, district health centers scattered across the country will conduct the AIDS test in due course, the official said.

About 54,4201 [figure as published] of those who voluntarily reported to the immigration control office will be subjected to the AIDS test.

The ministry has thus far taken rather passive measures against AIDS prevention as far as foreigners are concerned in view of its sensitive nature.

Since the AIDS test was conducted on foreigners residing in Korea for the first time in 1986, 13 had been confirmed as AIDS patients and were expelled from the country immediately. Three were later found to be illegal foreign workers.

The AIDS test will be conducted in such a way as not to infringe the basic human rights of foreigners because there is the possibility of retaliatory action on Korean expatriates by foreign governments if it develops into a diplomatic row, a ministry official said.

## MALAYSIA

### Sarawak Called Vulnerable to AIDS

92WE0545A Kuala Lumpur BERITA HARIAN  
in Malay 11 Jun 92 p 22

[Article by Misiah Taib: "Sarawak Records Highest Rate of Sexually Transmitted Diseases"]

[Text] The people of Sarawak must now begin to fight the epidemic of STD's (sexually transmitted diseases) if it does not want to be exposed to a threat of AIDS (acquired immunodeficiency syndrome).

With 120 cases per 100,000 people, Sarawak now records the highest number of STDs in the country. There are only 45 cases per 100,000 people on the Peninsula.

Dr. Andrew Kiyu, an epidemic research specialist with the Sarawak Medical and Health Service, says victims of STDs have a seven times greater risk than normal of contracting AIDS.

STD cases in the state during the first four months of the year increased by almost 60 percent over the same period last year.

In the context of fighting STDs, the principle of "think before you are infected" may no longer work for Sarawak residents. They can prevent further spread, however, by the practice of "stop it before it becomes critical."

Dr. P. Doraisingam, deputy director of the Sarawak Medical and Health Service, says last year's figures show that the incidence of gonorrhea is seven times greater than in the other states of Malaysia.

"The number of syphilis cases is also four times greater than in the other states. These two STDs have a connection with HIV [human immunodeficiency virus] and AIDS," he said.

The number of STD cases in Sarawak rose to 869 during the first four months of this year, which means 303 more than the 566 cases recorded in the same period last year.

Of that total, 661 people had gonorrhea, while 181 had syphilis.

Dr. Doraisingam says his office has taken a number of necessary steps to block the spread of HIV and AIDS to Sarawak.

He says that in the past the people of Sarawak felt AIDS was a Westerners' disease and occurred only among high-risk people such as prostitutes.

"The error of that view became clear, however, when the first HIV carrier was identified among Sarawak residents in November 1991," he said.

He says his office is conducting a campaign of exhibitions and information operations in the community to explain the way AIDS spreads, steps to prevent it, the development of the disease, and how to care for and understand AIDS patients.

He hopes the campaign will make the people of Sarawak aware of all aspects of AIDS in order to reduce excessive fear and correct perspectives on AIDS. The campaign also gives guidance to high-risk groups.

Action to fight STDs must be the starting point of a struggle by the people of Sarawak if they want to create a healthy and prosperous society by the year 2020.

Furthermore, the people of Sarawak must not blame foreign tourists or foreign women working in night clubs every time an AIDS case is found in the state.

Sarawak Deputy Chief Minister Dr. Wong Soon Kai said on an earlier occasion that the state government must not prevent the entrance of tourists merely to avoid AIDS, for that would hurt development of Sarawak's tourism industry.

He said the Sarawak people themselves must refrain from high-risk conduct, including clandestine relationships with foreigners suspected of carrying the AIDS virus.

AIDS will not spread if the local people will view foreigners who may be carrying AIDS simply as tourists.

The people of Sarawak must take this issue seriously, because at the beginning of 1992 between 10 and 15 million people in the world reportedly had the AIDS virus.

As of last February, Malaysia itself had 3,000 people with HIV. Of those, 42 were confirmed to have AIDS, and 33 have died.

AIDS is no longer a "mystery" disease. Besides the campaign being conducted by the authorities about the sources and serious consequences of the disease, publicity about the disease is becoming extensive.

HIV, which leads to AIDS, spreads in three ways: promiscuous sexual relations, reuse of hypodermic needles, and blood transfusions.

AIDS may be effectively blocked, but it requires cooperation and awareness by each individual in society.

#### **Government To Spend \$10 Million on AIDS Education**

*92WE0563A Kuala Lumpur UTUSAN MALAYSIA in Malay 24 Jun 92 p 7*

[Text] Kuala Lumpur, 23 Jun—The government plans to spend more than 250 million ringgit on an AIDS education program as part of its effort to make the public aware of the danger of the disease, according to Minister of Health Datuk Lee Kim Sai.

He says the comprehensive program will not only make the people of this country aware of AIDS, but he hopes it will also reduce the number of people becoming infected with the dangerous disease.

"I will present a plan for this long-term program to the cabinet next month," he told reporters at the Malaysian Red Crescent Association (PBSMM) after inaugurating the Hepatitis B Awareness Campaign sponsored by the PBSMM.

He said a program planning paper is now being studied by several government agencies and departments, including the Ministry of Finance, to provide feedback on the program.

He stated that the large allocation will enable the Ministry of Health and other agencies under it to conduct an education program and to buy medical facilities.

He said 100 million ringgit of the allocation will be used for an education program, which will include advertisements about AIDS, the distribution of pamphlets, and public campaigns.

"The rest of the allocation will be used to buy equipment and medical facilities," he said.

He also said that as of the end of May, 3,371 people had been confirmed as HIV [human immunodeficiency virus] carriers; 47 had AIDS; and 33 had died.

"The long-term program to stop the disease is very important, because the spread of HIV could also hurt the country's economy," he added.

Lee also said that despite the hepatitis B immunization program for newborn babies and children, there are still children in certain groups of people who do not receive immunization against hepatitis B and other diseases.

#### **Minister—30 Percent of Migrants Infected With AIDS**

*BK2807055092 Kuala Lumpur BERNAMA in English 0338 GMT 28 Jul 92*

[Excerpt] Kuala Lumpur, July 28 (OANA-BERNAMA)—Three out of ten foreign workers who underwent a medical check-up for their work permits were found to carry the AIDS virus, Deputy Home Minister Megat Junid Megat Ayub said Monday.

"We are fortunate to have included the medical screening process. Otherwise, the (AIDS) situation in the country could have gone out of control," he said.

He added that despite the alarming trend, the situation was under control.

He said that those who failed the medical examination, especially the carriers of the AIDS-causing human immunodeficiency virus (HIV), had been deported. [Passage omitted]

#### **Twelve Foreign Workers Confirmed HIV Carriers**

*BK0608092092 Kuala Lumpur Voice of Malaysia in English 0600 GMT 6 Aug 92*

[Text] Health Minister Datuk Lee Kim Sai says there is no necessity to set up a panel of doctors to conduct medical examination of foreign workers in the country. There are adequate rules and regulations for such malpractices by doctors even in cases related to foreign workers. However, malpractices by doctors, such as giving false medical reports on foreign workers, should be reported to the Malaysian Medical Council, MMC, the supervisory body on discipline for the profession.

He was speaking to reporters at the Kuala Lumpur International Airport on his return from his (?six-day) visit to China. Datuk Lee also said that 12 of the 5,000 foreign workers in the country who had submitted their medical reports were confirmed to be carriers of the HIV virus, which causes AIDS. Samples of their blood were tested in various laboratories in the country before they were sent to the Institute for Medical Research for a final check.

The rest of the workers had yet to submit their medical reports through their respective employers.

## **SINGAPORE**

#### **Over 100 Infected With HIV Since 1985; 27 Dead**

*BK2006082792 Singapore THE STRAITS TIMES in English 19 Jun 92 p 3*

[Excerpts] A third Singaporean has been infected with the HIV virus after a kidney transplant in India. [passage omitted]

The first local case of HIV infection was detected in May 1985. By mid-1990, there were 50 cases reported.

Of these, 26 people or 52 percent had been infected through homosexual contact and 10 people or 20 percent through heterosexual contact.

Bisexual contact resulted in 12 cases. One patient contracted the virus from a blood transfusion, another from an unknown source.

Of the 68 Singaporeans infected since mid-1990, half had the virus through heterosexual contact and 32 percent through homosexual contact.

This means that HIV cases through homosexual contact are down by 20 percentage points, while the infections through heterosexual contact have risen by 30 percentage points.

Two patients contracted the virus through bisexual contact, five via intravenous drug use, and one from an unknown source.

This brings the total infected with the virus to 118. Forty have developed full-blown AIDS. Of these, 27 have died.

## **THAILAND**

#### **AIDS Cases Increase in Chiang Mai**

*92WE0562A Bangkok NAE0 NA in Thai 11 Jun 92 p 12*

[Excerpt] [passage omitted] Concerning the spread of AIDS, which is now posing a major threat to mankind, public health officials conducted a survey among various hill tribesmen in Mae Ai District, Chiang Mai Province, which is a district that borders Burma, and found that among the 11,632 hill tribesmen in Mae Ai District, 22 percent are infected with the AIDS virus. And this figure is increasing.

Dr. Somphon Mamkangsa, the director of the Mae Ai Hospital, said that the AIDS virus is spreading seriously in Mae Ai District. This has become an alarming matter, particularly among various hill tribe groups. This is because the hill tribes lack knowledge about how to protect themselves from the disease, and they tend to ignore the advice given by doctors.

The Mae Ai Hospital and the Mae Ai District Public Health Office, which are well aware of this problem, are preparing to hold a seminar in order to provide hill tribesmen with information on how to protect themselves from AIDS. This seminar will be held on 18 June at the Mae Ai Hospital. This seminar will teach hill

tribesmen more about AIDS, which should help to prevent the spread of this disease in the future.

### Articles Report AIDS Cases

#### Health official Informs AIDS Cases

92WE0607A Bangkok MATICHON in Thai 4 Jul 92  
p 24

[Excerpt] On 3 July, Dr. Uthai Sutsuk, the under secretary of public health, issued a statement saying that a survey conducted by the Ministry of Public Health on 15 June found that Thailand has a total of 300,000 carriers of the AIDS virus. Since May, another 29 people have come down with full-blown cases of AIDS. Most people contract AIDS from sexual activities.

Dr. Uthai said that the people with AIDS-related symptoms are between the ages of 20 and 34. They are in all professions, but the largest number are laborers. He said that the number of people contracting AIDS is increasing. In order to control the spread of AIDS more efficiently, the Ministry of Education will hold a national seminar on the AIDS problem. [passage omitted]

#### Increase in AIDS Cases in Lampang

92WE0607B Bangkok NAE0 NA in Thai 5 Jul 92 p 3

[Excerpt] Dr. Nopphadon Sombun, the public health officer in Lampang Province, said that an AIDS survey conducted in Lampang Province at the end of June showed that Lampang Province now has 34 people with full-blown cases of AIDS. Of these, 27 are men and seven are women. Most recently, six infants born to mothers with AIDS were found to have the disease. Four of these have died. Besides this, another 23 people have AIDS-related symptoms. Of these, 21 are men and two are women.

The public health officer in Lampang Province said that most of these people contracted the AIDS virus through sexual relations. They did not try to protect themselves by using a condom.

Dr. Nopphadon added that the Ministry of Public Health has discontinued its policy of giving blood tests to people, because even if a person is found to have the disease, there is no way to treat the disease. Instead, people are being given blood tests on a random basis in order to analyze the change in the number of people with the AIDS virus. [passage omitted]

#### Doctors Comment on Blood Testing in Hospitals

92WE0607C Bangkok NAE0 NA in Thai 7 Jul 92  
pp 1, 16

[Excerpts] [passage omitted] At a seminar, Dr. Siwilai Tanprasoe, the deputy director of the National Blood

Donation Center, said that the Thai Red Cross conducted blood tests using the antigen method in order to check for the presence of the AIDS virus. It was found that some of the blood that had tested negative for the AIDS virus using the antibody method did in fact contain the AIDS virus. The antibody method used to be a popular method of testing for the virus, but it was not very exact. Studies have found that blood from 23 of the 206 donors now in the blood bank is infected with the AIDS virus. This blood is used to treat emergency patients and people who need blood during operations.

Dr. Siwilai said that almost all of these people are being monitored. Those who were given this blood have contracted the virus even though they have never engaged in any activity that would put them at risk of contracting AIDS. Thus, it is thought that these unfortunate people contracted the disease from the blood given to them at the hospitals where they were being treated. Blood tests have shown that an alarming number of people are infected with the AIDS virus. The number of people with the virus is increasing, with those contracting the disease being unaware of this. [passage omitted]

Dr. Siwilai said that she has seen two cases of Type A hemophilia in children. The two children had to have surgery, but after the surgery, they contracted the AIDS virus, which is very sad. Besides this, blood tests given to 21,627 people originally found that they were free of the AIDS virus. But when they were rechecked, it was found that 23 were carriers of the AIDS virus. [passage omitted]

Dr. Phimon Chieosin, the director of the Blood Section, Department of Medicine, Ramathibodi Hospital, said that studies on AIDS have shown that those recruited to donate blood tend to have a higher incidence of AIDS than do people in other groups. The number of people contracting AIDS from donated blood is becoming very alarming. In particular, those who received blood in 1991 are at a higher risk of contracting this disease. That's because during that period, the old method used to check blood for the AIDS virus was not completely reliable. After rechecking this blood, it has been found that some of that donated blood contains the AIDS virus.

Mr. Yutthana Mandi, the director of the blood hospital, Faculty of Medicine, Chiang Mai University, said that some hospitals, such as the Sirirat Hospital, refuse to test blood using the antigen method, which is the fastest method. Thus, it's possible that the Sirirat Hospital, which receives donated blood and which has its own blood bank, runs a high risk of infecting patients with the AIDS virus.

## ALBANIA

### **AIDS Diagnostic Laboratory Starts Work**

*AU1108170692 Tirana Radio Tirana Network  
in Albanian 1330 GMT 11 Aug 92*

[Text] Recently the laboratory for diagnosing the AIDS virus started its work at the blood donors' center in Tirana. The World Health Organization [WHO] provided a grant for this laboratory, which is worth \$100,000. The personnel has been trained abroad using WHO funds. Approximately 35,000 blood donors a year from the capital and some neighboring districts will be examined here. This is the second laboratory of this kind in Albania, after the one that has been operating for four years at the Hygienic Institution. The ATA correspondent learned at the Ministry of Health and Environment Protection that the WHO has assured financial support to build a third laboratory in our country.

While there are more than 10,000,000 people infected by AIDS and about 500,000 sick worldwide, in Albania no AIDS cases have been diagnosed, and no person has been found to be infected by this virus. This does not mean that our country is immune to this plague of the 20th century; therefore, building such laboratories will contribute to prevent AIDS' infection in Albania, since we know that the virus is spread by blood.

## CZECHOSLOVAKIA

### **Television Gives AIDS, HIV Data**

*LD0908141592 Prague Federal 1 Television Network  
in Slovak 1730 GMT 8 Aug 92*

[Excerpts] [passage omitted] By 30 June this year, 101 HIV positive and 24 AIDS cases had been registered in the Czech Republic, and 21 people had died of AIDS.

Helplines [preceding word in English], telephone consultation lines, should help AIDS prevention. Besides the helplines in Usti nad Labem, Plzen, and Brno, there is also one in the central health center in Prague for the Central Bohemian Region.

The Prague helpline has been in existence for 15 months and 1,670 people have used its services so far. Some 70 percent of them were 20-40 years old, but even considerably younger people have been asking for advice. [passage omitted]

The growing number of those interested in anonymous HIV tests gives some indication of helplines' success. The cost of tests are not very high in our country.

[Begin unidentified speaker recording] An anonymous test is given free of charge if someone asks for one. However, if someone needs a document to satisfy those countries which require such certificates from persons who are given jobs or plan a longer stay there, a charge will be made, depending on the urgency of the request; if a certificate is needed within 24 hours the client will pay 500 koruna, but 350 koruna if a week's notice is given and 300 koruna if two weeks' notice is given. [passage omitted]

## YUGOSLAVIA

### **Over 200 Registered AIDS Cases by 17 Jun**

*LD1906224392 Belgrade TANJUG Domestic Service  
in Serbo-Croatian 1510 GMT 17 Jun 92*

[Summary] Belgrade, 17 Jun (TANJUG)—To date 213 AIDS cases have been registered in the Federal Republic of Yugoslavia. Of that number, 57 percent have died. Sixty percent of all AIDS cases have been among drug users. Of the AIDS cases registered, 96 percent of 213 AIDS cases have been registered in Belgrade and its suburbs of Zemun, Lazarevac and Obrenovac. Women make up 20 percent of AIDS cases.



## ANTIGUA AND BARBUDA

**Doctor: AIDS Deaths Increasing at 'Alarming Rate'**

*FL2008161292 Bridgetown CANA in English  
1602 GMT 20 Aug 92*

[Text] St. John's, Antigua, Aug 20, CANA—Antiguan medical doctor Prince Ramsey says the country has the highest per capita for AIDS-related deaths in the region in a six-month period. Ramsey made the assessment at a public lecture here this week and reported that six persons died from the sexually transmitted disease within a two-week period.

"Deaths related to the deadly AIDS disease are increasing at an alarming rate in Antigua," he said. Ramsey identified prostitution and heterosexual intercourse as the major causes for the spread of the disease.

"Antigua is the only place in the world where prostitution is a major cause of the disease," Ramsey said. He said research showed that women were more likely than men to contract the HIV virus which can lead to full blown AIDS.

He said unless promiscuous sexual activity was stopped "AIDS will reach epidemic proportions" before a cure might be found in the next five years.

## ARGENTINA

**Government Spent \$10 Million on Anti-AIDS Campaign**

*PY2807002092 Buenos Aires BUENOS AIRES  
HERALD in English 27 Jul 92 p 7*

[Excerpt] (DYN-NA)—Health Minister Julio Cesar Araoz revealed yesterday that the government had spent 10 million dollars on its anti-AIDS campaign and that the funds from the FONAVI [National Housing Fund] housing fund and the National Lottery could be also utilized in the effort to carry out preventive measures nationwide.

Araoz stated yesterday that "we cannot say that in this country there are no funds to fight AIDS." The minister, who said that no international financial aid had arrived to beef up the official campaign, added that with part of the money already invested the government would buy and distribute doses of the drug AZT that retards the effects of the lethal human immunodeficiency virus (HIV).

In an interview with a local news agency the minister said that controlling the spread of AIDS "must be based on a change in the cultural norms regarding sex." Araoz added that "to think that carrying a condom in one's pocket saves us from the virus is to look for a talisman. The best way to prevent (AIDS) is by educating and informing." [passage omitted]

## BRAZIL

**Production, Distribution of AZT Announced**

*PY2507015692 Brasilia Voz do Brasil Network  
in Portuguese 2200 GMT 23 Jul 92*

[Summary] A Rio de Janeiro laboratory will begin producing AZT, a drug that is used for controlling AIDS. The product is scheduled to be on the market by the end of July. The Health Ministry will buy the entire laboratory output for distribution to AIDS patients.

**Further on Locally Produced AZT**

*PY2507025492 Rio de Janeiro Rede Globo Television  
in Portuguese 2300 GMT 24 Jul 92*

[Text] Brazilian-made AZT will be distributed as of next month among hospitals. The most important medicine for the treatment of AIDS-infected patients already is being produced in Rio de Janeiro.

The AZT will be sold under the name of zidogudine. Health Minister Adib Jatene has symbolically received the first box of this medicine. The laboratory production will be enough to treat almost half of Brazil's AIDS patients.

The Brazilian AZT tablets will be sold next month, while the special syrup form for children will not be sold until September. This national medicine will be 40 percent cheaper than the imported product. Each bottle will cost approximately \$90, equivalent today to some 400,000 cruzeiros. Each of these bottles contains 100 tablets, which is sufficient for the 15-day treatment of one AIDS patient.

The Health Ministry will purchase almost all current production to distribute among hospitals free of charge.

**Regulation To Prevent Discrimination Against AIDS Carriers**

*PY3107020092 Brasilia Voz do Brasil Network  
in Portuguese 2200 GMT 30 Jul 92*

[Text] An interministerial regulation will forbid the demand of AIDS tests in public bids sponsored by the executive branch. The resolution will be signed by Health Minister Adib Jatene and Labor Minister Joao Mellao.

This decision was announced by Lair Guerra de Macedo, the Health Ministry's AIDS program coordinator, and was based on the decision adopted by the Federal Revenue Office demanding that those who approved public bids submit to the AIDS test.

Guerra de Macedo has stated that the AIDS virus does not make people unqualified for work. Besides, the demand for an AIDS test is not instrumental in preventing the disease. She said the resolution is intended to end discrimination against HIV virus carriers: [Begin recording] Among other things, one should disregard the distorted rumor that one catches AIDS through social or professional coexistence. This is absolutely false. [end recording] She reported that the Health Ministry will

recommend that state governments adopt the same decision in keeping with the resolution, which is only in effect for the federal executive branch.

#### **Decree Bans Mandatory AIDS Testing For Public Servants**

*PY1108200192 Brasilia Radio Nacional da Amazonia Network in Portuguese 1000 GMT 11 Aug 92*

[Text] Effective immediately, no public institution can insist that either a prospective employee or a regular staffer be tested for AIDS.

Health Minister Adib Jatene and Labor Minister Joao Mellao Netto yesterday signed a decree stating the above prohibition because sharing the work place with HIV carriers does not pose any risk to anyone. The decree also states that the HIV virus does not affect the performance ability of infected individuals.

#### **Heterosexual AIDS Numbers Viewed**

*PY2008192292A Rio de Janeiro Rede Globo Television in Portuguese 2300 GMT 17 Aug 92*

[Editorial Report] The number of AIDS cases among heterosexual couples is increasing: 12 years ago, such cases totalled only 5 percent of the overall number, now this has increased to 23 percent. According to the Health Ministry, 29,644 AIDS cases have already been registered in Brazil so far; 13,242 of which have proved fatal.

#### **New AIDS Cases**

*Sao Paulo O ESTADO DE SAO PAULO in Portuguese 18 Aug 92 p 12*

[Editorial Report] The Health Ministry AIDS Division has reported that over 1,189 new AIDS cases were reported nationwide between 11 July and 10 August. Thus a total of 29,644 cases have been registered in the country since 1980, 23,546 of which were detected in the southeastern part of the country. A total of 425,000 AIDS carriers are reportedly disseminated throughout the country.

### **CUBA**

#### **Havana Outlines AIDS Prevention, Control Program**

*PA1208020792 Havana Radio Havana Cuba in Spanish 0000 GMT 11 Aug 92*

[Text] We have seen with great satisfaction that during the past few days the media has increased its educational campaign, alerting the community against AIDS, that terrible disease known as the 20th century's black scourge. We are also impressed by the initiatives of the Union of Communist Youths in this area.

AIDS is essentially a sexually transmitted disease. Therefore, in order to develop any prevention and control program it must be evaluated [20-second break in reception] has caused great problems in the actions and use of

control and prevention tests. This has created new concepts, such as obligatory tests considered routine in other health programs and in the control of sexually transmitted diseases.

The technology used in the diagnosis of AIDS is very costly. Therefore, in some countries it is not accessible to the great majority, generally the poor people who cannot afford to pay for medical attention. Cuba has solved this problem, as it has a high quality testing kit produced in Cuba at a low cost, which makes it possible to perform massive tests with reliable results. So far more than 12 million tests have been made, of which a little over 800 have been positive, mainly sexually transmitted cases. Only seven cases transmitted by blood contact have been detected, all acquired prior to the implementation of controls in blood donations six years ago. There are three prenatal cases because the mothers found out they carried the virus during their pregnancy.

The Cuban program, which also includes special attention to AIDS carriers and patients, has managed to stop the disease from spreading quickly as in other countries. The incidence of AIDS is 0.006 percent of the Cuban population in general.

Since prevention is the most effective method of controlling AIDS, Cuba is also trying to improve its sexual education program which still has some deficiencies.

#### **All Blood Being Screened for HIV Viruses**

*FL1208195792 Havana Radio Rebelde Network in Spanish 1700 GMT 12 Aug 92*

[Text] As of this month, all blood coming into Cuba's health centers is being tested for both of the viruses that produce AIDS: HIV-1 and HIV-2. Detection of HIV-2 has been added to the traditional tests that rule out the presence of the first virus, HIV-1, which is the greater danger at present. Although HIV-2 also causes AIDS, it is less common in this geographical area.

This new achievement represents an additional effort for the health system, primarily for the technicians who work in the diagnostic laboratories. With this test, the possibility of transmitting AIDS through blood has been reduced practically to zero.

Vice Minister of Public Health Dr. Hector Terry explained to the National News Agency the implications of this measures. He said that the technology for diagnostic tests, medicine, and equipment for AIDS prevention continue to have exorbitant costs which less developed countries cannot pay. Terry commented that many nations cannot meet the goals of a testing strategy because the technology is very costly, and this affects the vast majorities at risk, generally the lower-income citizens.

From April 1986 to 2 July 1992, more than 3.5 million blood donations have been tested in Cuba with the aim of eliminating the risk of transmitting AIDS by this means. In our country, only seven people have been

infected through blood transfusions, and this occurred before the diagnostic tests were begun.

## EL SALVADOR

### Over 100 AIDS Deaths

PA2208131492A Mexico City NOTIMEX in Spanish  
2038 GMT 18 Aug 92

[Editorial Report] At least 105 persons have died of acquired immune deficiency syndrome, AIDS, in El Salvador since the disease appeared for the first time in the country in 1985. Another 30,000 are asymptomatic carriers of the disease, Health Minister Lisandro Vasquez has reported.

## GUATEMALA

### AIDS Cases Total 541 Nationwide

92WE0548C Guatemala City DIARIO DE CENTRO AMERICA in Spanish 8 Jun 92 p 3

[Excerpt] Yesterday, the minister of public health and social assistance, Dr. Eusebio del Cid Peralta, announced that a cumulative total of 541 cases of AIDS has been reported in Guatemala since the first one recorded years ago.

As for the reports from international health agencies that rank our country among the high-risk nations for the spread of AIDS, he remarked that they are disturbing to the health authorities.

Educational programs will be implemented with the Ministry of Education to prevent the spread of the dread disease.

He indicated that this is the only thing that can be done because there is no cure for AIDS. [passage omitted]

## HONDURAS

### AIDS Affects 4 Percent of Pregnant Women

92WE0565A Tegucigalpa LA TRIBUNA in Spanish  
19 Jun 92 p 18

[Text] Four percent of pregnant women in San Pedro Sula suffer from AIDS, according to a statement made on 18 June 1992 by Enrique Zelaya, the Health Ministry's chief of epidemiology.

The physician said that studies of pregnant women who receive treatment at San Pedro Sula's Miguel Paz Barahona health center indicate that the number of infected women is on the increase. The percentage in 1991 was 3.5.

Zelaya reported that the number of AIDS-infected children is also increasing, to the point where some 90 children are infected, 64 of whom have already died.

Most of the children, 85 percent, were infected by their mothers during pregnancy, and 9 percent were infected by blood transfusions or other means.

Dr. Zelaya, in the course of a lecture to employees of the Honduran Social Security Institute in San Pedro Sula, brought up the case of a 13-year-old who contracted the disease through sexual contact. The child had been abused since age 11.

The doctor also said that while the number of cases in Tegucigalpa and La Ceiba is declining, the statistics are increasing in Santa Rosa de Copan and Comayagua to the point that they now rank second, after San Pedro Sula.

To illustrate his point, he mentioned that more than 50 percent of the prostitutes in La Entrada, Copan, are infected by the "Disease of the Century".

## JAMAICA

### Development Aid Agreements Signed With Germany

FL0208201092 Bridgetown CANA in English  
1546 GMT 2 Aug 92

[Text] Kingston, Jamaica, Aug 2, CANA—Germany and Jamaica have signed agreements for J129 million dollars (1 Jdollar = 4.4 cents U.S.) in German development aid to the Caribbean island, the Jamaica Government's news agency, JAMPRESS, has reported. JAMPRESS said the bulk of the funds—J105 million dollars—would be a grant for private sector-run Trafalgar Development Bank by D.E.G, a German agency that finances investments in developing countries. Most of the rest of the money will go towards projects aimed at the prevention of AIDS and other sexually-transmitted diseases.

## MEXICO

### Over 10,000 Registered AIDS Carriers

PA2208131492B Madrid EFE in Spanish 0101 GMT  
17 Aug 92

[Editorial Report] Carlos del Rio, director of the National Council for AIDS Prevention and Control, reported on 16 August that in the past 11 years at least 10,111 persons have been registered in Mexico as AIDS carriers. Del Rio noted that 50 percent of these persons developed the disease and died.

## BANGLADESH

### AIDS Panel Meets, Lowest Incidence Noted

92WE0529A Dhaka THE BANGLADESH OBSERVER  
in English 3 May 92 pp 1, 10

[Text] Bangladesh has no known case of AIDS at present but had detected a total of eight cases of positive AIDS Virus (HIV) so far, out of which one developed full blown AIDS and died, reports BSS [BANGLADESH Sangbad Sangstha].

This was disclosed in a report of the Programme Manager in a meeting of the National AIDS Committee under the chairmanship of Prof. A.Q.M. Badruddoza Chowdhury, Deputy Leader of the Jatiya Sangsad and chairman of the committee, held at World Health Organisation (WHO) office in Dhaka on Saturday.

Explaining the status of AIDS in the country, the report stated that out of the remaining seven persons affected by HIV, one was a foreigner who was deported to his own country and the remaining five were under constant observation.

According to the statistics, Bangladesh still possesses the lowest rate of AIDS infection, having only one case detected so far. While the total AIDS cases detected so far in India was 112, it was 179 in Thailand, six in Myanmar, 21 in Indonesia, 12 in Sri Lanka and five in Nepal.

Prof. Badruddoza Chowdhury, while presiding over the three-hour long meeting, understood the need for strengthening the AIDS prevention movement instead of going for curative measures since the treatment of this disease was yet to be developed. He said since the disease was originated abroad, therefore measures have to be taken to check the inflow of persons having AIDS infection from outside world by air, sea and land routes. [Sentence as received]

The meeting stressed the need for giving wide publicity of the dreaded disease all over the country to make the members of the public aware of it. It has also chalked out programmes to carry out regular examinations among high risk groups, and decided to go for modern urine check system, developed in the west.

The 16th meeting of the National AIDS Committee also decided to set up a technical committee with only technical persons in it to deal with the highly technical issues more effectively than before. It also held discussions on introduction of the subject in the educational institutions to get the pupils acquainted with its prevention.

Prof. Chowdhury said that since the disease had already spread in the neighbouring countries, Bangladesh should take more stronger measures to stop its inflow. The possibility of involving NGOs has also been discussed.

The National AIDS Committee, constituted in 1985, has been working as the Advisory Committee to the Government. It has already implemented a short-term plan of

action by conducting sero-surveillance on 13,144 persons, setting of five laboratories for testing HIV antibody and creating public awareness.

The committee is now implementing an interim plan of action to ensure better investigation system and preventive methods.

### Minister Reports AIDS Total, Other Cases

92WE0599A Dhaka THE BANGLADESH OBSERVER  
in English 9 Jul 92 pp 1, 10

[Article: "9 With AIDS Virus Detected So Far"]

[Excerpt] Nine people carrying AIDS virus have so far been detected in the country, Health Minister Chowdhury Kamal Ibne Yusuf Informed Parliament on Wednesday, reports UNB.

In a written reply to Sudhangshu Shekhar Halder of Awami League during question hour, the Minister said blood of about 1.70 lakh people suspected carrying acquired Immune Deficiency Syndrome (AIDS) had been tested till May this year.

He, however, didn't give details of the nine found carrying the virus of the deadly disease.

Explaining the steps taken to prevent the fatal disease, the Health Minister said the National AIDS Committee had recently been reorganised with Dr. Badruddoza Chowdhury as its chairman.

Programme for prevention and control of AIDS, both financially and technically aided by the World Health Organisation, is now in full swing.

Five laboratories, three in Dhaka and one each in Chittagong and Sylhet, have been set up where AIDS virus is being tested. Another laboratory will soon be set up in Khulna, he said.

Under the programme, surveillance teams are collecting blood samples from suspected people for screening in the laboratories, he added.

The Minister informed the House that a three-year mid-term plan prepared by the government to prevent the killer disease was now awaiting approval by the donor agencies. The plan is expected to be put into action from next January.

[Passage omitted]

## INDIA

### Health Ministry Establishes AIDS Panel

92WE0588A New Delhi INDIAN EXPRESS in English  
23 Jun 92 p 7

[Text] To contain the growing menace of AIDS, a National AIDS Control Organisation (NACO) under the Health Ministry has been set up. Mr. P.R. Dasgupta, a 1963 Maharashtra cadre IAS [Indian Administrative

Service] officer, who has just returned from Uganda and a World Bank AIDS programme, will head the organisation.

A Rs. 280 crore budget for five years has been approved for NACO. Dr. Shiv Lal has been appointed additional director (technical). With a staff of 30, NACO will be in charge of the AIDS programme management; information, education and communication (including condom use), blood safety as well as surveillance, research and clinical management and control of sexually transmitted diseases..

Thirty-five percent of the whopping budget of Rs. 280 crore has been earmarked for communication and 32 percent for blood safety. NACO will be functioning from the Red Cross building.

### **HIV Virus Found Among Calcutta Prostitutes**

*92WE0589A New Delhi INDIAN EXPRESS in English 23 Jun 92 p 7*

[Article by Usha Rai. Words in italics, as published.]

[Text] A survey just completed in Sonagachi, the famous red light area of Calcutta, has revealed that one percent of the prostitutes are HIV positive.

The people of Calcutta have so far been complacent about AIDS believing it to be outside their domain. Now it is at their doorstep but, according to officials in the Health Ministry, the politicians in the State resent the money being poured into the AIDS awareness campaigns and the STD (sexually transmitted diseases) clinics that were set up in Sonagachi for conducting the AIDS survey.

An AIDS expert has rushed to Calcutta to plead for the continuance of the clinics as well as to work out the AIDS control programme for the famous red light area which has some 6,000 *kothas* between wards 18 and 26. The number of rooms in each brothel varies from 5 to 15 and they are used by 10 to 15 girls.

So far the high incidence of HIV-positive and AIDS cases has been among the prostitutes of Bombay and Madras. Now Calcutta too has joined their ranks. Dr. Shivalal, deputy director general from public health, looking after AIDS, has done studies which show that HIV infection among prostitutes spreads like wildfire.

Among the prostitutes of Nairobi, the Kenyan capital, HIV prevalence shot from 5 percent in 1985 to 89 percent in 1989. In Bombay, it shot up from 0.5 percent in 1986 to 32 percent in 1991. HIV prevalence in Calcutta today is at the same level that it was in Bombay in 1987.

The seven private clinics functioning in Sonagachi and the two NGOs running health-related activities in the area have obviously not been able to generate sufficient awareness about AIDS.

Last month, All India Institute of Hygiene and Public Health in Calcutta, collaborated with the Central Government, Society for Community Development and the

Vivekananda International Health Centre for the AIDS survey in Sonagachi. Of the 400 samples taken four were found to be HIV positive.

The survey categorised the prostitutes into high, middle and low income groups. Three of the four cases detected were in the high income group—girls who served as call girls at five star hotels and those travelling with clients to Bombay, Goa and other cities. The fourth girl belonged to the middle income group. The age of the HIV positive cases varies from 16 to 40 years.

But unfortunately the four cases have not yet been alerted. AIDS experts fear that once the alarm is sounded, the girls will go underground. This has happened in both Bombay and Madras.

Since the majority of the girls are in the profession out of economic compulsions and the spread of the infection is invariably the multi-sex male partner, social workers are promoting the use of condoms.

It is the multi-sex mate who spreads AIDS but unfortunately it is the prostitutes who come under public scrutiny and are boycotted. The male not only infects the prostitute but, if she is already infected, carries the infection back to his family.

Studies done at the clinic for patients of sexually transmitted disease at J.P. Hospital, Delhi, show that 90 percent of the patients are men. Those suffering venereal diseases run greater risk of picking up the spreading AIDS too. Further, to support their sexual promiscuity, many of them are professional blood donors.

While it is easy to convince women on the importance of condoms, it is more difficult to empower them to convince the women on the importance of condoms but it is more difficult to empower them. [Sentence as received]

It is easy to stave off men who resist use of the sheath. The women fear that if they do not give in then the men will find another partner. "Condom only brothels," like those in Thailand, are the solution, say experts working among prostitutes.

Since Thailand has actually been able to reduce the HIV positive cases from 15 percent to 1 percent in selected areas, India is studying the Bangkok technique.

The women are initially brought to the STD (sexually transmitted disease) clinics and after treatment motivated not to entertain customers who are not protected. In India, we do not even have figures on the number of persons suffering from sexually transmitted diseases.

An estimated 13 lakh are treated in the various clinics for STD. But the actual number is probably much higher. A baseline survey of STD is proposed in Rajasthan and Tamil Nadu by the Institute of Venereology in Madras and the SMS Medical College, Jaipur, respectively.

The Indian Council of Medical Research's efforts to wean away the prostitutes from the profession by offering them a monthly allowance of Rs. 1,500 has not succeeded.

**AIDS Panic in Kerala, Future Gloomy**  
92WE0600A Bombay THE TIMES OF INDIA  
in English 10 Jul 92 p 4

[Article by V. R. Mani: "Pseudo-AIDS" in Kerala"]

[Excerpts] Thiruvananthapuram, July 9. Three weeks ago, a girl who had just completed her graduation in engineering in Bangalore told her mother here that she was suffering from AIDS. A scared mother took her to a psychiatrist.

She confessed to the doctor that her fiance in Bangalore had kissed her once. Later on, she came to know that the guy was a drug addict. And she had read somewhere that drug addicts were prone to get AIDS. Therefore, she was sure that her fiance had passed on the virus to her.

Consider this. An ENT specialist examined a foreign couple at Kovalam. A few days later he got a feeling that he was suffering from AIDS. He is now being treated by a psychiatrist here.

Then there is the case of a boy who was constantly weeping in his house and, on seeing his father, would say "I will not do it again." He was taken to a psychiatrist and he told the doctor that he was suffering from AIDS because he had had sexual contact with a girl. He felt that it was sufficient for him to contract AIDS.

These are people who are suffering from what psychiatrist Dr. V. S. Mani calls pseudo-AIDS. It is a psychological problem which is the outcome of improper information, he says. They are victims of AIDS scare.

The AIDS scare is gradually turning into a psychological problem. Dr. Mani himself has so far got some 20 cases of pseudo-AIDS. There are other doctors also who have been treating such patients. It is a symptom of their underlying anxiety and depression. When such people get improper illness information, it manifests itself in pseudo-AIDS, says Dr. Mani.

[Passage omitted]

What the doctors are treating appears to be only the tip of the iceberg. For, many may not be going to doctors for fear of the stigma attached to AIDS. [Passage omitted]

The scary part, there is no gain saying that AIDS threatens, if not already, to become a major health hazard in Kerala. Though so far officially only less than a hundred cases of AIDS have been confirmed, the charismatic Muslim Youth League president, Dr. M. K. Muneer, a qualified doctor himself feels that the figure in Trivandrum alone could be 5,000.

The professor of the infectious disease department in the Medical College Hospital here, Dr. Roy Varghese, is blunt. It (AIDS cases) is going up very fast and it will reach epidemic proportions soon, he says. His argument is that Kovalam is witnessing a boom in prostitution and girls from different parts of the state are being brought there to cater to the foreign tourists. This is a sure receipt for the spread of AIDS.

Added to this, he says, those suffering from AIDS and currently living in Bombay or the Gulf will quietly return to Kerala and keep spreading the disease. So far, most of the cases detected in the state either have a Bombay or Gulf connection, he says. There is little knowledge about the disease among the people ... Only about ten percent may know about the disease, he bemoans.

Even elementary care is not taken in the Medical College Hospital, Dr. Varghese says.

There is no "barrier nursing" between patients and sterile techniques are inadequate, he admits, adding that in the process, a lot of innocent people will get the disease. [Sentence as received]

"We keep them (AIDS patients) in the general ward ... If more and more people come, it will become a big problem ... It is time we alerted the people about the disease," he says.

A visit to the hospital by this correspondent betrayed how shocking things were. The nurses confessed that they were not being given adequate disposal syringes. Therefore, they were reusing them after immersing in hot water. But none of the patients is aware that a disposal syringe should not be reused. They have not even heard of the four-letter word, AIDS, which spells death.

"There are any number of unauthorised blood banks which collect blood without screening and as if these were not enough to spread AIDS, we have the drug addicts switching over to syringes," says Dr. Mani.

**Government's Anti-AIDS Program Approved**  
BK3107102792 Delhi INDIAN EXPRESS in English  
25 Jul 92 p 7

[Text] New Delhi—The Union Government is quickly putting its AIDS control programme in gear. The National AIDS Control Authority (NACA), approved by the Cabinet on Wednesday, began its formal functioning on Friday with P. R. Dasgupta taking over as the project director.

A Maharashtra-cadre IAS [Indian Administrative Service] officer who had served between 1987 and 1990 as secretary to the State chief minister, Mr. Dasgupta has relinquished his charge as the WHO-sponsored Health Management Adviser to the Ugandan Government to rejoin the Union Government as an additional secretary.

NACA, which is empowered to implement an \$85 million AIDS control project funded by the World Bank, has been getting its action plan ready.

Mr. Dasgupta, who has the Ugandan experience (1 percent HIV sero-positivity) fresh in his mind, apprehends the Indian situation may be a lot more complex. "The latest data (up to June 30) before his department puts the seropositivity rate at 5.42 per thousand. out of 15,34,330 persons screened.

However, heterosexual promiscuity accounts for the largest share of infections—46.20 percent. The use of

contaminated blood and intravenous drug intake are the two other culprits, accounting for 18.46 and 18.28 percent respectively.

Mr. Dasgupta is of the view that the indexation methods followed in India are "inadequate," and, as a result, the "seemingly reasonable" rate of HIV sero-positivity in India may be presenting an "incomplete picture."

Mr. Dasgupta says the AIDS explosion in Uganda was largely caused by an inordinately high level of sexual promiscuity, caused by the breakdown of taboos and the age-old tribal customs as a result of a sudden exposure to western culture.

But, according to him, the Indian reality is more daunting because of rapid commercialisation of sex, and the proliferation of brothels, pickup joints and call-girls. "The risk factor is much higher when sex is cheap and quick," he said. In Bombay, which has been described at the recently concluded 8th World AIDS Conference in Amsterdam as the vortex of the disease in Asia, NACA has enlisted the Bombay Municipal Corporation (BMC) and the State Government to conduct a door-to-door community survey in the brothel-infested Khetwadi area.

Earlier survey reports, based on findings at STD [Sexually-transmitted diseases] clinics, have put the sero-positivity in the area at an alarming 35 percent. The community-based survey, to be completed in early-September, may show a much lower rate as it is being conducted on a wider base.

In Calcutta a similar random survey in the flesh-trade district of Sonagachhee, completed four months ago, has found only five sero-positive cases after sampling 440.

The thrust of the control programme would be to promote safe sex and to improve blood safety, Mr. Dasgupta explained. The level of sero-surveillance is also being upgraded with the introduction of rapid diagnostic kits, he added.

These kits, known as Serrodia, eliminate ELISA [Enzyme-Linked Immunosorbent Assay] readings and instead use a simpler blood agglutination test which can display results within two hours. Besides, some legislative measures are also on the anvil as a result of which hospital authorities and medical practitioners may come under a statutory obligation to provide treatment to HIV-positive patients.

There have recently been six cases, including one at the prestigious All India Institute of Medical Sciences (AIIMS) in the Capital, where HIV-positive patients have been denied treatment.

It is planned that 35.6 percent of the programme budget will be spent on promotion of public awareness and community support, whereas 32.9 percent will be used to improve blood safety.

## IRAN

### Mojahedin-e Khalq Member in AIDS-Infected Blood Scandal

*LD1906165492 Tehran IRIB Television First Program Network in Persian 1430 GMT 19 Jun 92*

[Text] In a television report, the hypocrites organization [derogatory reference to the Mojahedin-e Khalq] has been accused of the inhumane act of transfusion of AIDS-contaminated blood to more than half a million people in France. According to a report by the Central News Unit from Paris, last night the French television Channel One announced that one of the high-ranking members of the hypocrites, Dr. Bahman Habibi, during more than three years of service in the post of scientific deputy in the French Blood Transfusion Organization has been the main agent in this inhumane act, and at the moment is among the main defendants accused of transfusing AIDS-contaminated blood.

According to the report, under pressure from public opinion and in light of the extent of the disaster, four of the people found responsible in this incident, including Bahman Habibi, will be prosecuted.

## ISRAEL

### Officials Report Data on Number of AIDS Cases

*TA0707115192 Tel Aviv HA'ARETZ in Hebrew 7 Jul 92 p A6*

[Report by 'Edna Aridor]

[Excerpts] Since 1986, 919 AIDS virus carriers, including 164 women, have been recorded in Israel. Almost none of the women belonged to high-risk groups, and they contracted the virus from unknown carriers. [passage omitted]

This data was reported yesterday by Dr. Moshe Mashiah, the Health Ministry director general, and Professor Avraham Morag, chairman of the Committee for the Promotion of AIDS Awareness, at a news conference marking the launching of a guidance desk for overseas travelers at Ben-Gurion Airport.

Prof. Morag noted that "the increase in the number of carriers in Israel over the past years reflects the growing number of people undergoing tests, rather than an epidemic. Since the beginning of the year, 97 carriers have been detected, and it is estimated that their number will reach 120 by the end of the year. [passage omitted]

Morag added that "only two AIDS cases were recorded in the past six months—an encouraging, albeit inexplicable fact, mainly since 27 such cases were recorded in 1991. There have been 179 AIDS patients in the past six years, 130 of whom died and 14 of whom left the country." He explained that the disease was brought into Israel in the second half of the 1980s and that it has spread to groups of people who have not traveled abroad." [passage omitted]

**Health Minister Provides Data on AIDS Cases**

*TA0608100792 Tel Aviv 'AL HAMISHMAR in Hebrew*  
*6 Aug 92 p 12*

[Report by Aran Klein and Ya'qov Lazar]

[Excerpt] There are 186 known AIDS patients and 934 people carrying the AIDS virus in Israel, Health Minister Hayim Ramon said yesterday in reply to a query by Knesset Member Efrayim Gur in the Knesset. Since the start of the year, eight new AIDS patients and 112 virus carriers have been detected. These figures are among the lowest in the world. [passage omitted]



**Venereal Disease in Kazakhstan**

92WE0476B Alma-Ata KARAVAN in Russian  
27 Mar 92 p 20

[Article by V. Avaliani: "From the Bed of Love to a Hospital Bed"]

[Text] It is said that there is so much hatred around. But judging from the growth of diseases acquired by a most pleasant means, there is plenty of love as well. Back in 1991 only two syphilis patients were put on record in all of Alma-Ata in the first 2 months of the year, while in 1992 as many as 30 were registered in the same time period! Gonorrhea has of course stabilized at a figure of 249 patients per 100,000 population. It can't be said that this isn't many.

Some take the commandment to love one's neighbor too literally, and find themselves in bed with just anyone, often forgetting to even ask the person's name, not to mention his place of work or residence. As a result the operations service responsible for seeking out sexual partners who had served as an infection source sometimes find themselves in a dead end. Only 33.3 percent of the persons interviewed could provide any information making it possible to "get on the track" of love at first glance.

Over half of patients with venereal disease are revealed by medical workers. Only 12 persons applied for assistance on their own. This says a great deal, particularly that anonymity of treatment, which is stipulated by law, is not always observed in fact. There are no special offices in which to carry out quick analyses in hotels, which is precisely where such feelings flourish. Few would want to seek a dermatovenerological dispensary in a strange city after a night of passionate lovemaking in order to find out, just in case, if they had received a gift from the goddess Venus.

Even if we ignore visitors to the city, who will ultimately leave for distant lands, the problem is still an acute one. It would be sufficient to say that of the 30 syphilis patients revealed this year, five are in the so-called decreed contingent, subject to regular mandatory examinations by physicians in connection with the nature of their activity. Three are taxi drivers, one works in public food services, and one is a medical worker. Moreover only one of them has primary syphilis, while the rest have secondary, recurring syphilis. And even in light of all of this, it was a couple of months ago that they had undergone their last medical examination.

Because of the fear of AIDS, and in connection with the decreasing number of persons going to polyclinics, the number of microreaction analyses has decreased significantly—by two and a half times. And this means that the risk has risen by that much as well!

Incomplete examination of women in consulting offices has led to a situation where many with acute gonorrhea have moved up to the chronic form.

It should not be thought that fresh, young beings cannot contract the disease: There are 15 adolescents in the city with venereal diseases. Last year 10 children suffering gonorrhea were put on record. They were infected by sick relatives.

In general, the victims of the love-bed are basically unemployed—28 percent; 21.5 percent are white collar workers, and 15.5 percent of the total number of patients are students. That is, people with a lot of time on their hands, and a lot of money. The age of the bulk of the patients at the dermatovenerological dispensary is from 20 to 30 years. Had a condom been available to them at the needed moment, the state would not have had to spend so much money on their treatment. In developed countries, "rubbers" are distributed to secondary school and college students free of charge! This is more humane, and more beneficial. But for the moment the only way we are developed is sexually. In this respect we are not inferior to most countries of the world. But while they at least fear AIDS, in our country we don't fear it much, judging from this careless behavior.

Nine foreign citizens with AIDS were deported some time ago from the republic. But during the time of their college studies or while here on business they managed to "investigate the internal world" of such a large number of women that one is amazed by their love of life. Moreover many of their partners were never established. And it may be possible that the latter are now infecting their compatriots and foreign tourists, the flow of which has increased dramatically in the last year or two.

But when it comes to the general trend of who should fear whom, for the moment foreigners should be fearful of getting venereal infections from our citizens, while local aborigines should fear getting AIDS from tourists.

The image of disheveled bedding following a night of ecstasy, which is so popular today in the movies, can easily transform into a less romantic image of a hospital bed in a barrack-type building housing a dermatovenerological dispensary. And the numerous sensations experienced in this bed, witnesses assert, are far more intense, and equally far less pleasant.

**Epidemiologist on AIDS**

92WE0603A Moscow RAZVITIYE in Russian No 16,  
April 92 p 13

[Article by Dr. Med Sci Vadim Pokrovskiy, laboratory director, Central Epidemiological Institute: "You Can't Buy Off AIDS"]

[Text] By the year 2000, mankind will reach the apex of a catastrophe that was evoked by the appearance of AIDS on the planet. The epidemic's slow development is producing a habituating effect: A danger which may be a universal topic of conversation but which comes on gradually does not seem all that terrible. Articles have already appeared in our press suggesting that there really isn't such a thing as AIDS (PODMOSKOVYE,

GUDOK), and that this is but a fabrication of medical workers wishing to pump money out of the government, and so on.

The sad thing is that no one here is writing or saying practically anything about the fact that AIDS is certainly a terrible thing. To be sure, children infected in Elista or Rostov are shown on television, the press sheds a few tears, and some fund gathers a few donations. A benevolent society organizes a European cruise for members of its board, a Russian deputy, his family and reporters, and on returning, it announces that the investigation by journalists established that condoms rip less often in civilized countries than in ours. And because civilization is advancing upon us in 7-mile strides, we needn't be concerned. Homosexuals infected with AIDS will come to us from the USA, and they will teach us how to make everything right, and vanquish AIDS, without a single worry. But when it comes to the essence of AIDS, and to what our country is doing to fight it, the mass media report nothing that makes sense.

The problem with AIDS is that the human immunodeficiency virus (HIV) that evokes it has acquired the possibility for spreading quickly precisely owing to the accomplishments of civilization. It is most probable that it acquired its modern, dangerous form in connection with the practical introduction of blood transfusions and drug injections throughout the world in the middle of the century. Even the great Pasteur was able to achieve rapid change in the properties of viruses by transfusing the blood of rabbits he infected from one specimen to another. The same sort of process probably occurred with HIV as well. Elements of civilization such as the spread of intravenous injection of narcotics, the sexual revolution and, in particular, sex tourism, as well as the international system for trade in blood, led to wide dissemination of HIV over the planet as early as in the mid-1970s. The most insidious characteristic of HIV is that the infected individual feels himself to be healthy, and suspecting nothing, he participates in the spread of the virus for several years. As a consequence the disease was not detected until the early 1980s. Other of its terrible characteristics were revealed very soon after: The virus is transmitted sexually, and therefore it is the young that are infected most often; all persons infected with HIV die at the flower of their youth, because there is as yet no cure.

Although the pathways of HIV transmission are limited—through blood, by sexual intercourse and from the mother to its newborn infant, fighting the epidemic has been found to be a difficult thing. In all of the 11 years since the disease was discovered, the number of infected individuals has continued to increase, and nowhere has a tendency for this number to decrease been detected. AIDS threatens Africa with a demographic catastrophe—in some cities, up to 50 percent of the population is infected with HIV. As early as by the late 1980s the virus penetrated into India and Thailand, where infected individuals will begin to die in huge numbers by the end of the century.

Two hundred thousand Americans have already died of AIDS, and as many will die in the next year. There are no indications that the epidemic has been successfully stopped in the USA. Because most homosexuals are already infected, and fear is causing those who remain uninfected to protect themselves, only in this group has the number of new cases of infection declined. In all other population groups in the USA, their number is increasing. As for exactly how many people in the USA are infected with AIDS—2 million or 10 million—no one knows, since the USA lacks a system for recording cases of infection. Although a number of drugs that retard the course of the disease by several years have been proposed, in the economic aspect AIDS is only becoming more expensive as a result of this: Every year of treatment of an AIDS patient, you see, costs \$30,000-40,000. The insured health care system has been shaken up in the USA precisely due to AIDS: The business world is unwilling to cover the risk. The total financial losses of the USA due to AIDS are \$10 billion per year. As far as residents of developed countries are concerned, their only course of action at the moment is to sit calmly and await their death—no state budget will be able to cover the expenses of treating AIDS. In order to keep infected foreigners from coming to the USA for treatment, the State Department has barred their entry into the country.

On this backdrop, the AIDS situation in our country appears rather favorable—in 7 years, only 680 infected individuals and 60 AIDS patients were recorded, and 140 million tests were made! And this is in no way an accident. In contrast to many countries, at the beginning of the epidemic the USSR possessed rather strong barriers by which to deflect an epidemic. For example, sexual contacts between Soviet citizens and foreigners were limited, and for strategic considerations the USSR provided its own blood. We also had considerable experience in fighting epidemics. Whenever mass examinations of the population were conducted, at which time all cases of infection were recorded centrally, the causes of infection were investigated. Testing of foreigners and of Soviet citizens traveling outside the country was also introduced. More than 600 infected foreigners had to leave our country when the dangerous disease was detected in them. Regular testing of donors was introduced in 1987, and since that time, not a single case of HIV infection has occurred as a result of blood transfusion. In 1991, there were no infected individuals at all among 10 million tested donors.

A centralized system in Moscow for collecting information and analyzing incoming data made it possible to reveal and investigate an outbreak inside a hospital in distant Elista, and then to eliminate foci of HIV transmission in hospitals in southern Russia. Despite the continuing shortage of syringes, and of materials and equipment for sterilization and disinfection, competent organization of protective measures in hospitals has resulted in a situation where new cases of infection in hospitals have not been noted in Russia for 2 years. All of this resulted in a decrease in the level of absolute and

relative growth of new cases of HIV infection: Three hundred twelve infected persons were revealed in 1989, 146 were revealed in 1990, and 104 were revealed in 1991, even though respectively 29 million, 35 million and 41 million (!) persons were tested.

One of the accomplishments of Russian science is an original method of producing and utilizing an effective drug—azidothymidine. According to the most pessimistic estimates there are not more than 5,000 HIV positive persons residing today on Russian territory and even in all of the former USSR. Thus measures implemented in the country in 1985-1991 made it possible to stop the first wave of the AIDS epidemic advancing upon the country.

However, HIV infection is nonetheless seeping into our country in tiny rivulets, and now the epidemic is gradually entering a new phase. Foreign homosexual tourists and businessmen, as well as preachers and journalists, who are not tested for AIDS as a rule, imported the virus into the milieu of Moscow's risk groups. The number of new cases is rising rapidly. Because of a large number of sex partners and the unique features of homosexual sex acts, the virus is spreading faster in this environment than within the rest of the population. In the next phase, the virus will move to drug addicts. HIV is spreading in parallel, at a somewhat slower rate, among prostitutes and other categories of persons having a large number of partners (press articles suggesting that HIV is rarely transmitted from infected women to men during sexual intercourse are absolutely wrong). Growth of prostitution and drug addiction is aggravating the problem. All of this will lead to a new abrupt rise in incidence of HIV infection in as little as 2-3 years, with a secondary peak occurring after 7-10 years.

The principal task of our public health in the next few years is to consolidate our successes in controlling AIDS and solving the problems of fighting the epidemic that have thus far remained unsolved. The economic crisis and collapse of many social structures can lead to a situation where the possibility for holding the epidemic back will be lost irretrievably. Disintegration of the unified AIDS surveillance system will unavoidably be accompanied by loss of control over the situation: There are, after all, no plans for establishing strong obstacles capable of preventing penetration of HIV into the former USSR. Nonetheless, a noticeable difference in the scale of morbidity can already be noted today. It is highest not in Russia, as some think, but in the Baltic states, and it is lowest in the southern republics.

Allocation of sufficient funds to fight AIDS by the Russian government is a most important aspect. The financing of the Russian program to test, treat and prevent the spread of the AIDS epidemic and curtail its growth in Russia must be maintained at a level of 10 million rubles annually (in March 1991 prices), which is, by the way, an order of magnitude less than what the USA is spending. We need to provide special financing in freely convertible currency to expensive but promising

scientific research. In particular we need to finally organize and outfit at least one modern scientific center for HIV infection. For the present, much of the research, including that oriented on therapy, is being conducted unsystematically, in poorly equipped laboratories.

Special financing must be given to measures to teach the population safe behavior. Organizing a special television program would be useful in this sense.

Some economic reserves could be utilized by reorganizing the existing AIDS control structure. For example the three centers (Union, Russian and Moscow) in Moscow or the five centers in St. Petersburg, the three in Rostov-on-Don and so on could be united without detriment to the effort.

As far as our political leaders are concerned, it is time for them to realize that they can't buy off AIDS by purchasing consignments of disposable syringes with honorariums earned from lectures. Purposeful protection of the country's citizens from the terrible disease is also their direct responsibility.

### Clinical Problems of HIV Infection and AIDS

92WE0576A Minsk ZDRAVOOKHRANENIYE  
BELORUSSII in Russian No 4, Apr 92 pp 55-61

[Article by Zh. A. Rebenok, Department of Infectious Diseases (director—Professor Zh. A. Rebenok), Byelarusian Institute for the Advanced Training of Physicians; UDC 616.981:612.017.1]

[Excerpt][Passage omitted] Under our conditions, diagnosis of HIV infection is based on serological examination of screening groups and risk groups, and relatively rarely, examination of individuals suspected of infection on clinical grounds. Suspected individuals subjected to testing include patients with venereal diseases, atypical tuberculosis, sepsis, and viral hepatitis B; persons dying from severe infections or with an uncertain diagnosis are also tested.

The clinical method of diagnosing HIV infection is employed at a minimum, even though the clinical method can in fact be the most effective today.

Unfortunately, detection of AIDS patients in hospital conditions leaves something to be desired. AIDS is identified late because physicians are poorly informed about AIDS, because literature is in short supply, because personnel lack the practical skills of working with AIDS patients, because the symptoms are so unique and atypical, and because the conditions for laboratory diagnosis are absent.

Treatment is the weak link in the struggle against HIV infection. Viral DNA synthesis inhibitors—azidodesoxythymidine, didesoxycytidine, didesoxynosine and others—have been found to be the most active controllers of HIV. Among them, 3-azido-3-desoxythymidine (azidothymidine, AZT, retrovir, zidovudine) is widely used as a means of specific therapy. Its therapeutic effect lies in blockage of the

synthesis of proviral DNA and arrest of HIV reproduction. During this time, immunity gets a "breather," and undergoes partial regeneration. The therapeutic effect of azidothymidine is supplemented by suppression of opportunistic infections, in connection with which the onset of remission is possible.

Unfortunately, the therapeutic effect is not manifested in all cases. The drug is toxic, and it is produced abroad. The course of treatment (200 mg every 4 hours for 6 months) costs \$2,750. The drug does not affect the provirus. HIV adapts quickly to it, and variants of HIV stable to the drug already exist.

Because recurrence of illness is unavoidable, and together with it, recurrence of opportunistic infections and tumor growth, both specific therapy and treatment of secondary ailments are carried out in the following order: preventive therapy, treatment of the active process, maintenance (antirecidivist) therapy. But even with such treatment, recidivism and a fatal outcome are unavoidable.

Prevention is an even weaker link when it comes to HIV infection.

Specific prevention of HIV infection is the last and only hope, inasmuch as radical (cleansing) therapy is generally impossible. However, a vaccine does not exist as yet, but even after it is invented, only those who have not been infected will be protected. All that remains for HIV positive individuals—there are around 15 million of them in the world—is to await their fate.

We can hope for a decrease in the number of infected individuals only if sexual behavior is changed and if harmful habits are rejected. This requires purposeful large-scale propaganda.

As the flow of infected individuals increases, problems in providing specific treatment to patients with multiple pathology existing in unusual combinations will arise. Organizing care for patients will possibly be an even greater problem. Establishment of AIDS centers, together with construction of specialized hospitals in the future, will ease the situation. However, the flow of HIV positive individuals and patients is gathering momentum, and construction has not yet been started. The stereotypic attitudes toward HIV positive individuals and patients must be changed. The number of persons who are not in risk groups and who are getting infected—in medical institutions for example—is rising continuously among them. Infected individuals remain in a satisfactory condition for many years. All of their living problems, including sexual, will have to be resolved.

Adaptation to a situation of coexistence with HIV positive individuals and patients will become the norm in our life.

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### **Pokrovskiy on AIDS**

92WE0605A Moscow *TORGOVAYA GAZETA*  
in Russian 2 Jun 92 p 4

[Interview with Doctor of Medical Sciences Vadim Valentinovich Pokrovskiy by V. Krakhotina; date and place not given: "V. Pokrovskiy: Our Objective—To Fall Behind America"]

[Text] There is perhaps no one who would be amazed on learning that Doctor of Medical Sciences Vadim Pokrovskiy was put in charge of the recently established Russian Scientific-Methodological Center for AIDS Control. He was our country's pioneer in opposing the plague of the 20th century.

**Krakhotina:** Vadim Valentinovich, is there more to this than a simple change in name?

**Pokrovskiy:** Yes, the union AIDS control program was under the leadership of a deputy prime minister. The claim was that solid financing would be maintained in this way. On the other hand we proposed a new AIDS control program, a more flexible one, with clearer priorities. But the government still hasn't allocated any money for its implementation.

**Krakhotina:** Who is going to implement it?

**Pokrovskiy:** As a minimum, three departments: the Ministry of Health, the Academy of Medical Sciences and the State Committee for Epidemiological Inspection, plus concerns and enterprises manufacturing medical and health services equipment. Coordination of their activities is required at the government level, but a general coordinator has not yet been established.

**Krakhotina:** As I understand, financing is a very acute problem.

**Pokrovskiy:** Of course. The program requires 8 billion rubles and a certain amount of foreign currency. If this money is not allocated today, we will have to spend immeasurably more for the same purposes 5 years hence. Much like what happened in the USA, which underestimated the danger of AIDS in the 1980s and which is now paying for the mistake with hundreds of thousands of infected individuals.

**Krakhotina:** How do you assess our present situation?

**Pokrovskiy:** In the last 7 years the country has conducted an intensive effort to prevent and control AIDS. We introduced an epidemic control system that includes identifying all possible cases of HIV infection (infections elicited by human immunodeficiency virus), and not just of AIDS alone. This is important, because up to 15 years pass between infection and disease. The system foresees registration of all cases of infection, mass testing of the population (pregnant women, donors, patients with venereal diseases, foreigners and citizens returning from abroad). Owing to it, 612 AIDS patients have been detected among foreigners residing in our country, who were sent home. All of this made it possible to significantly weaken the first wave of the epidemic.

**Krakhotina:** But there were leaks in the system as well, weren't there?

**Pokrovskiy:** Well, I wouldn't call them leaks, but a large group of foreign tourists, businessmen, clergymen and preachers were missed by the testing program, as a result of which the virus did penetrate into the milieu of our country's homosexuals. As a result the disease is spreading most actively precisely among them. There are of course symptoms that the next AIDS wave is beginning: Infection of adolescent girls was reported from a small Russian town. Consequently the disease is also spreading among the republic's heterosexuals, and not at all as a result of contact with foreign carriers of the virus.

**Krakhotina:** What is the relationship between the effectiveness of the epidemic control system and cases of AIDS infection of children in hospitals in Elista, Rostov, Volgograd and Stavropol?

**Pokrovskiy:** It was precisely owing to this system that hospital centers of infection were revealed. There was nothing that we could appropriate from foreign experience in this regard. In France, for example, transfusion of blood infected with AIDS virus caused infection of 6,000 patients in 1985. But it was only 7 years later that specialists established that 300 of the deceased AIDS victims had previously undergone a course of treatment in the same hospital.

**Krakhotina:** Are you telling me that we enjoy certain priority in the fight against AIDS?

**Pokrovskiy:** And why not? We detected possible centers of infection in hospitals early. The suggestion that children in Elista were infected as a result of specialists using unsterilized syringes was made back in January 1989. But it was not believed, and they continued to infect children until the end of the year. The explanation: This is the way things were always done—that is, one syringe was used twice, changing only the needle.

**Krakhotina:** Vadim Valentinovich, you omitted the drug addict group, or is it statistically not influential?

**Pokrovskiy:** We are presently entering a very complex phase of the fight against AIDS among drug addicts. This is an asocial group, one that is extremely hard to influence. Members of this group do not listen to radio, they do not watch TV, and they don't read newspapers.

**Krakhotina:** How, in light of what was said, do you relate to the existing forms of sex education for the young?

**Pokrovskiy:** The problems of sex education are acquiring special importance today. It is important not only to know the rules but also to observe them. Even use of condoms made in this country, the reliability of which is not trusted by many, reduces the risk of infection by a hundred times. We need to train teachers in VUZes, and provide sex education courses in schools. For the moment, anti-AIDS publicity in the mass media is very disorganized. Some drives started by TV (AIDS—

anti-AIDS) or the journal OGONEK are left uncompleted. We have no idea where money collected by benefit rock concerts goes.

**Krakhotina:** Does this mean that we are still not fully cognizant of the risk?

**Pokrovskiy:** I would say that the society's attitude toward the problem is an imprudent one. Before, 40 million persons were tested in mass testing programs in the USSR each year. Now, citing human rights, we are being encouraged to do away with the epidemic control system, to test patients on a facultative basis and, moreover, to make blood donation anonymous.

**Krakhotina:** How much does a single test cost?

**Pokrovskiy:** 50-60 rubles. Today.

**Krakhotina:** Many are troubled by this question: Can AIDS be transmitted by pathways other than sexual and by blood?

**Pokrovskiy:** We tested 340,000 casual contacts of infected patients. We did not detect a single case of infection among them. Not one, I emphasize!

**Krakhotina:** Are there many HIV positive individuals today in our country?

**Pokrovskiy:** In the former USSR, 742 were registered. In Russia, 558, of whom 378 are AIDS patients, and 61 persons have died of AIDS (in the USA—200,000). Our objective is to fall as far behind America as possible in the spread of AIDS.

#### **Total of 770 AIDS Carriers in CIS Countries**

*LD0808194992 Moscow Mayak Radio Network in Russian 1530 GMT 8 Aug 92*

[Summary] A Russian delegation is attending an international AIDS conference in Edinburgh which began today. According to the latest figures, 770 carriers of the AIDS virus have been discovered in the CIS, 569 of whom live in Russia.

#### **No AIDS Cases Registered in Karelia to Date**

*PM2408120792 Moscow Russian Television Network in Russian 1445 GMT 19 Aug 92*

[From the "M-Trust" program: Video report by A. Kolobov and V. Yarotskiy, identified by caption, from Karelia; figures in brackets denote broadcast time in GMT in hours, minutes, and seconds]

[Text] [145608] [Kolobov over video of a sign reading "AIDS Diagnosis Laboratory"] To this day not a single case of HIV-positive or full-blown AIDS has been registered in Karelia. This is all the more peculiar since such cases are no longer isolated instances in Finland and Russian oblasts neighboring on Karelia.

Let me add that this year 4.5 times more cases of venereal disease than last year have been registered. Even schoolchildren are suffering from syphilis.

Experts believe that the diagnostic facilities at their disposal are inadequate to efficiently identify sufferers. Here, and in 20 other oblasts in Russia, modern U.S. equipment is standing idle because of the lack of the necessary pharmaceutical preparations.

[A. Gavrilov, head of Center for Combatting AIDS, identified by caption] Unfortunately the situation is such that even though no case of AIDS has been registered to date, it could be registered tomorrow. [145654] [video shows laboratory sign and facilities, including western equipment, interview]

**Information Section Reports AIDS Statistics**

*AU2508215092 Kiev MOLOD UKRAYINY  
in Ukrainian 21 Aug 92 p 3*

[Commentary by MOLOD UKRAYINY Information Section: "Worse Than Husayn"]

[Text] By now, AIDS has been detected in 19 oblasts of Ukraine and in the Crimean Republic. The greatest number of cases—45—has been recorded in Odessa, then there follows Kiev—18 cases, Donetsk Oblast—9, Kharkiv Oblast—22, and Transcarpathian Oblast—5.

Altogether, 101 citizens of Ukraine have been infected [with the virus], among them 15 children. Nine people have developed AIDS, and seven of them have already died.

While in 1991, there were 21 recorded cases of the HIV infection, during the first half of 1992, the number was 18. Since 1987, the number of Ukraine's citizens infected with the HIV virus has increased by a factor of 16.

The United States occupies the first place in the world in the number of cases of AIDS. In 28 European countries, the quantity of those affected by the disease has reached 65,875, among which France accounts for 17,836 cases, Italy—11,609, Spain—11,555, Germany—7,553, Great Britain—5,451, Switzerland—2,228, and Russia—70 cases.

In many countries, there is no registration of persons testing positive for the HIV virus, however, according to the WHO information, their quantity is at least ten times as great as that of persons with full-blown AIDS and reaches approximately 8-10 million persons.

## GERMANY

**New Bacterium Found To Infect AIDS Patients**

92WE0560A Hamburg DER SPIEGEL in German  
13 July 92 pp 208-209

[Unattributed article: "Poisonous Flood"]

[Text] Infections of the lungs and meninges, ulcers in the small intestine, failure of kidneys, liver, and the heart—those are the most frequent causes of death cited by physicians on the death certificates of deceased AIDS patients. The cause of the immune deficiency disease—the AIDS virus "HIV" [Human Immunodeficiency Virus]—does not lead to the death of an infected person, rather it is disease germs that can only produce their disastrous effects as the patient's resistance declines. The list of the pathogens responsible for these "opportunistic diseases" has become longer by one germ as of late last week: Microbiologists at Hannover Medical College have discovered a hitherto unknown bacterium that causes serious, fatal blood poisoning in HIV patients.

Hannover microbiologist Erik Boettger intends to make public details of the discovery at the Eighth International AIDS Congress which begins in Amsterdam on Monday of next week. Almost simultaneously, the British professional journal LANCET will publish the results of a study that the Boettger team, together with internists and microbiologists at clinics in Geneva and Lausanne, had undertaken.

Proximate cause of the discovery was the case of an HIV-infected Swiss patient, who was admitted to the Geneva Cantonal Hospital in October 1987. The patient showed the symptoms of advanced-stage AIDS: diarrhea, weight loss, febrile attacks, and a low number of so-called T helper cells in the blood. In their diagnostic efforts, the Swiss hospital physicians could detect none of the pathogens responsible for opportunistic infections otherwise typical in AIDS cases. In tissue samples, in bone marrow, and in the blood of the patient, however, they discovered a number of rod-shaped bacteria previously unknown to them. In order to be able to combat—in a directed manner—these infectious germs that caused the death of the 30-year-old patient a year later, the Swiss physicians attempted to more accurately determine the nature of the pathogen. All attempts to start a culture and to grow the bacterium in a Petri dish failed, however. The possibility of finding suitable medication was thus eliminated.

The Hannover microbiologists, who had begun in 1989 to research the mysterious inundation of the organism by the new mycobacterium (the medical generic term for the nonmotile rod-shaped bacteria) in AIDS patients, at first also failed at culturing in the laboratory. "We had no idea of the nutrient this germ required for its growth," says Boettger.

The researchers finally succeeded in deciphering the bacterium with the aid of modern genetic engineering. From its genes, the scientists selected segments that "are

absolutely identical in all bacteria" (Boettger). These identical features in turn flank segments that vary according to individual bacteria types. Without great difficulty the gene segments in question can be multiplied in a test tube and compared with already known bacteria. In this way, the nature of a bacterium can be deciphered.

With this procedure, developed by the Hannover bacteria detectives, the formerly unknown infectious agent could be identified in the cell material of a total of 18 HIV patients. The researchers named it—after the place of origin of the first patient—*Mycobacterium genavense* (Genava: Latin for Geneva).

Boettger hopes to be able to proceed with further research on the new bacterium to the point that by the end of the year "we will be able to cultivate it and test suitable antidotes against it." He is convinced that a future bacteria-killer "will probably increase the life expectancy of HIV patients and will certainly improve their quality of life." This is because the damage caused to individual organs of the resistance-weak patients by the killer rods can, in Boettger's words, reach "mad proportions."

In one case, for example, the mycobacterium "totally destroyed" the normal cell architecture of the lymph nodes. In another patient, the mucosa of the small intestine was "for all practical purposes non-existent" as a result of the action of the bacterium. The flood of bacteria had similar devastating effects on other places in the organism as well: It inundated the blood, the bone marrow, and the internal organs, such as the liver and spleen. Controlling the deadly germ, which can only bring its effect to bear when the number of T helper cells is extremely low, is likely to become, in Boettger's words, "one of the most urgent tasks of HIV therapy."

Unknown to date is where the germ comes from. It is conceivable, Boettger opines, that it "is a normal inhabitant of our environment that an unweakened immune system easily deals with." Not the least of the factors favoring this thesis, in Boettger's view, is the fact that "we have not discovered the rod-shaped bacterium during any of our medical checkups or in the medical attendants or physicians of HIV patients."

## IRELAND

**Rise in AIDS Among Heterosexuals, Gay Men Noted**

92WE0593A Dublin IRISH INDEPENDENT  
in English 22 Jun 92 p 5

[Article by Eilish O'Regan]

[Text] The alarming increase in AIDS infection among the heterosexual and gay communities is being neglected as priority is given to drug abusers, the AIDSwise organisation warned yesterday.

The rate of infection among the heterosexual community rose to 36 percent last year while the increase among gay men was 21 percent.

Because of the concentration of initiatives on drug abusers the rate of infection increase among this group was eight percent, explained AIDSwise director Ger Philpott.

"I recognise fully that drug abusers make up the highest number of infected—641 in this sector have the virus compared to 205 gay men and 143 heterosexuals," he said.

A programme of prevention aimed at these two groups would save lives and money in the long term as it cost between £17,000 and £25,000 to treat someone in the advanced stages of the disease, he said.

### **AIDS Incidence Increases, Steps Taken**

#### **New Statistics**

92WE0626A Dublin IRISH INDEPENDENT  
in English 15 Jul 92 p 5

[Article by Stephen McGrath: "AIDS Claims 10 Heterosexuals"]

[Text] Ten Irish people have now died of full-blown AIDS after having unprotected sex and their HIV partners were not drug abusers or homosexuals.

Experts have been warning of the dangers of heterosexual transmission of the HIV virus for years, but up to now in this country there have been few deaths in this category.

The latest figures from the Department of Health confirm that, in this category, 10 people have died of AIDS—a 100 percent increase on last year—while a total of 25 people have developed full-blown AIDS.

A total of 276 people have now developed full-blown AIDS and 114 of them have died. Of those who have developed full-blown AIDS, 111 are drug addicts and 39 of them have died.

#### **Condom Bill Presented**

92WE0626B Dublin IRISH INDEPENDENT  
in English 9 Jul 92 p 13

[Article by Mairtin Mac Cormaic and Lorna Reid: "AIDS Fears Prompt Speedy Condoms Bill"]

[Text] The rampant spread of AIDS, with official figures not telling the true level of the disease, has prompted the Government to push through the Condoms Bill as speedily as possible, Health Minister Dr. John O'Connell said yesterday.

And the Minister, who has made major changes to the previous Family Planning Bill, admitted that a greater and freer availability of condoms was the most practical and sensible contribution to preventing the spread of AIDS, which already had claimed 114 lives here.

Introducing the Health (Family Planning) (Amendment) Bill 1992, Dr. O'Connell told the Dail the legislative changes he was making included a lowering of the age limit to 17 years.

The Second Stage of the Bill passed without division and the Committee Stage will be taken today.

Several amendments opposed to the age limit of 17 will be proposed during this stage, along with moves to have condoms available from vending machines.

But at the end of yesterday's debate, Dr. O'Connell rejected Opposition calls to raise the age limit or to provide for the sale of condoms from vending machines.

They must strike the correct balance between the concerns of those parents and the need to take measures to protect public health.

He had written into the Bill the places where the provisions of condoms would be excluded, and these included vending machines, mobile outlets, street vendors, schools, youth clubs, or sports centres catering for people under 17 years of age.

On the fight against AIDS, he said statistics had shown that over the past number of years almost 1,250 had been tested positive for the HIV virus, and 276 people had developed full blown AIDS.

### **ITALY**

#### **Prisoners With AIDS To Be Kept in Hospitals**

92WE0566A Rome LA REPUBBLICA in Italian  
11 Jul 92 p 13

[Article by Daniele Mastrogiacomo: "Prisoners With AIDS To Be Housed in Hospitals"]

[Text] *An emergency measure was passed by the Cabinet. The 5,000 inmates infected by the virus will leave their cells and be transferred to public hospitals. A thousand soldiers will patrol outside prison walls. Another 4,600 guards will be hired. A decree law revolutionizes prisons. The addict will be able to choose the location.*

There will be no more prisons for AIDS-infected inmates. The 5,000 prisoners (10 percent of the penitentiary population) infected with the deadly virus will be transferred into specialized health facilities so they can be looked after and cared for. The head of the Institutes of Prevention and Punishment has finally won his battle. For months, Nicolo Amato had been reporting the overcrowding in prisons, the risk of uprisings and escapes. He had described the terrible sanitary conditions in our penitentiaries, the rising tensions, and the difficulty in finding new places. He urged the hiring of new personnel in the prison police force. He told about the difficult life of the drug addicts, most of whom were suffering from AIDS and were forced to shuttle back and forth between their cells and the public hospitals which routinely rejected them. He had asked the government to take some action. Immediately! Yesterday, the Cabinet responded to his appeal.



In a brief, to-the-point meeting, the Cabinet passed a decree law to defuse the prison time bomb. All AIDS patients will be transferred to public hospitals. The text of the measure is general in nature and does not indicate which hospitals will be chosen. Given the serious situation of our health system, it is not difficult to imagine how hard it will be to find the specialized wards. The job of choosing the appropriate locations and establishing a plan of operations will be decided by another decree that will be drawn up by the two ministries involved in the matter, justice and health.

However, the measure approved yesterday by the Cabinet does not deal with the subject of AIDS alone. It is the prisons as a whole that will undergo a small but important revolution. The aim is to avert the climate of rebellion that is constantly lurking behind bars. The number of prisoners has risen very sharply. In one year, it has gone from 25,000 to 45,000 units. Inmates are often forced to live seven or eight to a cell, with bunk beds that sometimes are stacked four high, with floors that risk caving in under the excessive weight, with rooms designated for interrogations routinely requisitioned in order to accommodate inmates without cells, and with dining halls transformed into dormitories. It is the entire social, recreational, cultural, and creative life that ends up being upset by the pressure of overcrowding. The government addressed the most explosive aspect of the prison world: that of the drug addicts and those with AIDS. They represent the majority of the inmates, the most irritable, those who often suffer crises of withdrawal and are the most exposed to the risk of contracting AIDS.

The next interministerial decree will also have to establish when illness and incarceration are not compatible. Until now, we have been working without a specific criterion. Testing for HIV-positive is not mandatory. Therefore, only someone who manifested obvious symptoms of the virus was transferred to a hospital. The transfer was to no avail. Hospital management responded that there were no beds available and that the prisoner had to return to jail. As President Nicolò Amato explained to us a few weeks ago: "Prison directors would call to advise me of these absurd situations. I urged the appropriate judges to intervene and issue orders for hospitalization. The law exists and a magistrate has not only the duty but the power to have it enforced in serious cases. Unfortunately, nothing ever happened. Almost always, the judges did not respond, and the prison directors could do nothing but arrange for the inmates to return to prison."

The government's decree law will allow this unnerving and absurd merry-go-round to be avoided. The judge will have free reign in ordering hospitalizations. When treatment is over, he can arrange for the prisoner to be under house arrest. The drug addicts not infected by AIDS will have a choice. Instead of going to prison, they can enter rehabilitation communities. That opportunity will be offered to those in protective custody awaiting trial.

The third point of the government's measure concerns guarding the outside walls of the prisons. In agreement with the minister of defense, it was decided to recruit 1,000 of the 6,000 youth who reenlist at the end of their term of military service to patrol the outside walls of penitentiaries. The minister of justice explained: "The provision recognizes the need for an overall reinforcement in the number of guards—a reinforcement that had already been considered in recent measures and that establishes that 4,600 new correctional guards will begin service by the end of the year." Martelli reminded us that new prisons have already been built but that they cannot be used precisely because they lack the personnel. The minister of justice added, "We will have to wait a few more months to complete the process of civil service examinations and hiring the agents." The decision to increase the number of correctional officers has been made in view of a transfer of responsibility for guarding the inmates during transfers. Until now, the Carabinieri has provided that service. However, by the end of August, it will be permanently entrusted to correctional officers.

#### Reasons Given for Increase in AIDS Cases

92WE00564A Rome L'ESPRESSO in Italian 19 Jul 92  
pp 118-121

[Article by Carlo Gallucci: "More Virus than Ever"]

[Text] AIDS: *The Italian case. The epidemic is tending to stabilize itself in all Western countries, but in Italy it continues to grow. That is because it predominantly strikes drug addicts and the very young. That is what the latest report of the national commission will have to say about the evolution of the epidemic.*

This story of AIDS seems like a well-crafted thriller. You turn around for only a second, and that is just when a new drama explodes on the scene. This is the third act of the epidemic. After the panic of the late 1980's and after the recent reassurances, now is the moment when the virus launches its counterattack. It is not at all true that the infection is weakening, as it seemed a few months ago. On the contrary, progress in refining the mathematical model used for the forecasts has not led to very optimistic conclusions. This is what is suggested in the new report that the National Commission for the Fight Against AIDS will make public this week on the occasion of the VIII World Conference that is beginning on 19 July in Amsterdam. L'ESPRESSO is in a position to publish in advance the general outline of the report.

First of all, the AIDS operations center at the Superior Health Institute has discovered that the decline in new cases of infection since 1987, which was the record year, was not at all as rapid as had been thought. In addition, it was discovered that the number of new AIDS cases in the past year was much higher than the official count. The growth curve of the epidemic has been corrected. The new graph reveals an alarming peak during recent months. Finally, the use of new mathematical models (formulated in collaboration with Harvard University in the United States) suggests that the growth in new AIDS

cases will continue up until the year 2000. "In other words, we can no longer say that we see the light at the end of the tunnel," summed up the AIDS operations center director, Donato Greco.

Given this situation, there has been a renewal of debate that had seemed closed long ago: for example, on whether it would be a good idea to impose stricter preventive measures; that is, registering people who are HIV-positive and conducting mandatory mass testing. The proposal has been around for a while. Some people would like to follow the example of two U.S. states, Illinois and Louisiana, and introduce mandatory premarital testing. Some, like the general manager of Institutes of Prevention and Punishment, Nicolo Amato, want to test all inmates to determine whether they are HIV-positive. Some are in favor of the so-called partner notification; that is, to notify the partners of HIV-positive individuals. And even the current prime minister, Giuliano Amato, who spoke at a seminar at the Institute of Legislative Studies in Rome five months ago, did not seem to those attending to be against the idea of mass screening.

The debate is very lively among those in the field. Giuseppe Visco, director of Spallanzani Hospital in Rome, said, "Some people ask themselves if it is right to respect anonymity even at the risk of infecting the population at large." This consideration becomes even more valid now, after having discovered that there is no sign that the epidemic is abating.

Visco's response, as well as that of the World Health Organization and the National AIDS Commission, is very clear: It is not open for discussion. The director of the Epidemiology Observatory of Latium, Carlo Perucci, states it even more drastically: "Ever since infectious diseases were discovered, someone has tried to introduce repressive laws by camouflaging them as preventive measures." According to Perucci, notification is not the answer either, not even for the partner. It is not people we should avoid, he explains, it is risky behavior.

In Italy, the problem concerns absolutely everyone. In our country, the main source of infection is the drug addicts, whereas in the United States, the illness has spread above all among homosexuals. That difference explains why the epidemic is continuing to grow in Italy, whereas it is already tending to stabilize in other Western countries. A Superior Institute of Health study, for example, has shown that the disease's incubation period, that is, the interval between contact with the virus and the appearance of the AIDS symptoms, is longer the younger a person is when they become HIV-positive. It goes from 15 years for someone who becomes infected when they are under 25 years of age, to eight years for someone who is over 35 years of age. In the United States, however, the average incubation period is 10 years. Those who are in the habit of exchanging needles come into contact with the HIV early, and therefore they

benefit from a much longer incubation period. In addition, the younger population has more sexual relationships and more partners. Therefore, the infection is more easily spread even among heterosexuals.

As the data show, the risk is greatest for women for two reasons. First, there are four times more male than female drug addicts. Second, the sexual transmission of AIDS from males to females is at least twice as likely as from females to males (some U.S. researchers say up to 10 times greater). That is why the number of cases of infection in the heterosexual population is growing more among women than among men (but, in general, the chance of contracting AIDS from a single sexual encounter with an HIV-positive person is about one in 300-500).

Another recent discovery concerns the percentage of HIV-positive drug addicts. Based on tests of prison inmates, researchers believed until recently that the population of heroin addicts must by now be totally infected. Instead, according to Gianni Rezza, an epidemiologist from the Superior Institute of Health, that was not the case at all. "In Milan 50 percent of drug addicts may be HIV-positive," he explains, "but in Rome that percentage drops to 30 percent, and in Naples we have discovered that it is not above 5 percent."

Therefore, conclude the researchers, it is wrong to think of drug addicts as a homogeneous population: Some were infected right away and others have modified their habits and no longer exchange needles except in moments of dire need. That also contributes to making it even more difficult to make estimates and forecasts about the HIV-positive population.

Two different models used by the AIDS Operations Center at the Ministry of Health suggest that there were 65-75,000 HIV-positive people at the end of 1988 and that this will have risen to approximately 100,000 this year (but it is difficult to estimate the present incidence). Based on regional data (the only data available, although anonymous), instead, the director of the Epidemiologic Observatory of Latium estimates that there were 56,000 HIV-positive people in Italy in 1990 and that there will be, at worst, 84,000 in 1994.

These figures differ widely. It is not easy to establish which ones are correct, and there is the risk of making glaring mistakes. Even the National AIDS Commission has been involved. "We have tried to prepare a scientific paper regarding the epidemiologic evaluations of AIDS," explained its vice president, Elio Guzzanti. The paper updates the previous report published in 1989 which was also used as the basis of the special plan for the fight against AIDS. Based on an estimated 250,000 HIV-positive people by this year (in actuality, all estimates agree that we have not reached even half of that), the Ministry of Health was provided with 2.1 trillion lire to set up new facilities in the area of infectious diseases.

Between restructurings and new constructions, a plan for 7,000 new hospital beds was approved—not one of which has been created. Despite making use of special

expenditure procedures (such as for the World Cup soccer championships), to date the plan's execution has not gone beyond "the approval of 74 preliminary projects by the central evaluation group of the Ministry of Health." Meanwhile, 700 new people manifest symptoms of AIDS every three months. And within just three years, that number could even double.

## SPAIN

### Report on 1991-92 AIDS Statistics Published

92WE0612A Madrid DIARIO 16 in Spanish 18 Jul 92  
p 12

[Article by E.P.: "6,000 Persons Infected With AIDS Died in Spain in the First Half of This Year; The European Country With the Most Cases, With an Increase of 60 Percent Over the Number in 1990"]

[Text] According to data provided by the Carlos III Institute of Health, the number of acquired immunodeficiency syndrome (AIDS) cases that have accumulated and were reported in Spain during the first quarter of the year amounts to 14,533. This means that the number of cases increased by 60 percent during the past year. Of these, 41 percent ended in the death of the patient—nearly 6,000 persons.

During this same period, the incidence of AIDS in the population of Spain went from 226 to 370 cases per million inhabitants. Of these, 82.7 percent were men. A total of 418 persons under age 13 are infected with the virus.

Moreover, the AIDS illnesses that appeared with the greatest frequency were opportunistic infections, followed by extrapulmonary tuberculosis, caquetic syndrome, and Kaposi's sarcoma.

Another interesting fact to consider, according to the same source, is that, during the first quarter of this year, Spain was the European country that reported the largest number of new cases of AIDS.

Most of those infected with AIDS are users of drugs administered intravenously. They account for 64.2 percent of the cases—that is, 9,331 persons. Of these cases, 15.7 percent appeared in homosexual males (2,275) and 2.6 percent belong to both groups simultaneously. Another curious thing is the fact that cases of AIDS transmitted between heterosexuals increased from 4.54 to 5.6 percent in the past 12 months.

Moreover, the number of AIDS cases transmitted through transfusions went from 113 to 160, and through blood products from 294 to 416. The number of cases involving children of mothers belonging to a risk group increased from 221 to 353.

The autonomous community with the largest number of AIDS cases is Catalonia: Last year, their number went from 2,714 to 3,832 cases, and the incidence of AIDS from 413 to 637 cases per million inhabitants. Madrid is not very far behind, with its 3,252 cases as against 1,899

a year ago, which means an increase in the incidence of from 353 to 666 cases per million. The Basque Country is the other community with a greater incidence of AIDS, which went from 823 cases to 1,319, and with a current incidence of 619 as against 352 a year ago. The communities with the lowest number of cases are the Balearic Islands and La Rioja.

During the past 10 years, 154 Spanish citizens were infected with the AIDS virus while receiving a blood transfusion. Over half of them have since died, according to the data provided by the Ministry of Health. Several court rulings have forced INSALUD [National Institute of Public Health] and two regional services to pay compensation to patients infected through transfusions.

## SWITZERLAND

### Government Health Office Releases AIDS Figures

LD2807163892 Bern Swiss Radio International  
in English 1100 GMT 28 Jul 92

[Text] More than 2,500 people in Switzerland have AIDS. The latest Government figures released by the Federal Health Office also show that nearly 1,600 people have died from the disease. The cantons of Geneva, Basle City and Zurich have most AIDS cases per head of the population. Zurich also registered the highest number of new cases, 107 in the past six months.

## UNITED KINGDOM

### Medical Associate Considers Policy on AIDS

#### HIV-Positive Surgeons

92WE0591A London THE DAILY TELEGRAPH  
in English 7 Jul 92 p 4

[Words in boldface, as published.]

[Text] The British Medical Association yesterday ruled out banning HIV-positive doctors and surgeons from practising because of the risk of losing "a lot of very good people," writes Wendy Holden.

Despite calls from other bodies for regular AIDS testing for health staff following newspaper allegations that a south-east London eye surgeon is HIV-positive and may have placed up to 1,500 patients at risk over 10 years, the BMA said doctors were "under an obligation" not to practise if they were HIV-positive and would put patients at risk.

A senior Government AIDS adviser agreed that doctors infected with HIV should be allowed to keep their infection a secret from the hospitals and patients they worked with. Prof. Miles Irving, a member of the advisory committee on AIDS and on the HIV committee of the Royal College of Surgeons, said that more stringent rules to pinpoint infected doctors would only lead to discrimination and drive them underground.

"There is no justification to know a diagnosis. An employer has no right to know about a doctor's health, other than if he is fit for work," he said.

But doctors at this week's BMA annual conference in Nottingham will call for patients to have the right to know before an operation if their surgeon has HIV.

Their move follows yesterday's renewed appeal from Bexley Health Authority for ophthalmic surgeon Mr. Peter Curran to contact them. He is on leave from Queen Mary's Hospital, Sidcup, and the health authority has not been able to speak to him to confirm or deny the allegations made about him in a Sunday tabloid newspaper. Mr. Curran, 45, who also worked privately at the Blackheath hospital in south-east London, has allegedly contacted a colleague to say he is aware of the allegations but has not informed his employers of his position. Because he has not broken any laws they are unable to ask police to help find him. Mr. Jim Rumens, the hospital's director, said yesterday: "We can't conduct a formal search for him because there are no legal or ethical grounds for us to do so." He called for the Government or the Royal College of Surgeons to introduce new rules to force doctors who are HIV-positive to tell the health authority.

He said: "I think operationally there is a requirement on an individual consultant to make a hospital aware of his condition. However, Mr. Curran has operated under the guidelines and was not under any obligation to do so."

The hospital has stressed that there is little risk to patients, with no recorded incident in Britain or elsewhere in which surgeons have transferred the HIV virus to patients during hospital operations. It says Mr. Curran was mainly involved in laser surgery on cataracts and squints and, even if the allegation was true, there was little risk of transmission of the HIV virus. He is understood to have followed General Medical Council guidelines, by seeking medical help and counselling.

In Britain, no surgeon who discovers he is HIV-positive is under any legal obligation to inform the health authority, although in America he could face up to 10

years' imprisonment for performing surgery without revealing that he is HIV-positive.

That Senate decision last year was made despite research evidence that the risk of catching AIDS from a surgeon was between four to 40 times less than the risk of dying from anaesthesia.

### Patient Tests Rejected

92WE0591B London THE DAILY TELEGRAPH  
in English 9 Jul 92 p 7

[Article by David Fletcher]

[Text] A plea to give doctors the right to test their patients for the AIDS virus as a matter of routine before operating on them was rejected by the British Medical Association yesterday.

The conference in Nottingham said the risk of surgeons contracting the virus from their patients was not sufficient to justify a policy of testing all patients without their consent.

Calling for the move, Dr. John Birch, a Grimsby GP, said it had long been routine to test pregnant women for syphilis and the time had now come to test for HIV.

He said it was very risky for nurses, midwives, doctors and surgeons to treat patients who did not know they were carrying the AIDS virus.

The call was opposed by Dr. John Marks, former BMA chairman, who said patients should only be tested on clinical grounds with their consent. Routine testing was a mechanical procedure lacking in humanity.

He said: "Any doctor who does an HIV test without consent will be posed with a terrible dilemma. He would have to tell a distraught and distracted patient the consequences of his action and he would be responsible for the outcome."

Welcoming the decision, Dr. Stuart Horner, chairman of the BMA's ethical committee, said doctors should not carry out any tests on patients without first seeking consent.

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